ABUSE COMMISSION

AADAC

TREATMENT

PREVENTION

PROGRAMS

IN ALBERTA

1951-1971

Twenty Years

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ALCOHOLISM TREATMENT AND PREVENTION PROGRAMS IN ALBERTA

THEIR ORIGINS, GROWTH AND HISTORY

The First Twenty Years

1951 - 1971

ALCOHOLISM FOUNDATION OF ALBERTA
SEPTEMBER 27, 1951 - MARCH 31, 1965

DIVISION OF ALCOHOLISM
APRIL 1, 1965 - MARCH 31, 1971

ALBERTA ALCOHOL AND
DRUG ABUSE COMMISSION
APRIL 15, 1970

A PERSONAL RECOLLECTION
BY J.GEORGE STRACHAN
FIRST EXECUTIVE DIRECTOR OF THE
ALCOHOLISM FOUNDATION OF ALBERTA

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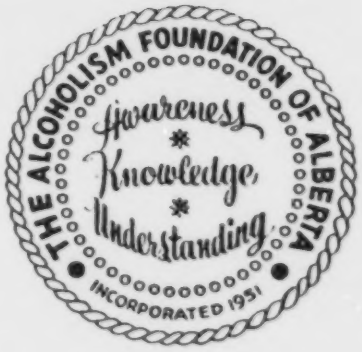
Official Seal

OFFICIAL SEAL



Of The

Alcoholism Foundation

Of Alberta

July, 1953

Crest and Credo

THE ALCOHOLISM

FOUNDATION

OF ALBERTA

There is no progress without faith,
faith in God and in ourselves,
the greatest reward of faith
is to see achieved
that in which we believed

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Dedication

DEDICATION

This history of Alcoholism and Addiction programming in Alberta is dedicated to:

- the late J. Donovan Ross, B.A., M.D., colleague and friend, who felt an Alberta program could and should be instigated - "so let's do it";
- the founding committee members appointed by **the College of** Physicians and Surgeons, Drs. W. Bramley-Moore, E. Donald and Morley Young - and George B. Henwood as Secretary with Dr. Ross as Chairman;
- the Initial Foundation Board Members:
  Mr. George Cristall
  Dr. R.M. Parsons
  Mr. J.B. Cross
  Mr. N.F. Priestley
  Mr. R.J. Dinning
  Mr. Cliff Ross
  Mrs. R.G. Gunn
  Dr. Andrew Stewart
  Mr. Roy Marler
  Mrs. C.R. Wood
- former Premiers, the Honourable Ernest C. Manning and the Honourable Peter Lougheed, who believed and provided the means;
- those patient wives, Lillian Ross and the late Jane Strachan, whose loyalty and support helped make it all possible;
- and to the four most significant influences in my new "Way of Life", who enabled me to find and make a new beginning into a very rewarding and meaningful life, vocationally and avocationally:

GEORGE DUNAWAY, who in 1952 at the request of Donovan Ross and on the recommendation of Bill Wilson sought my assistance in planning a program for Alberta - resulting in my return to Canada;

E.M. 'BUNKY' JELLINEK, who taught me much about the ILLNESS ALCOHOLISM;

BRINK SMITHERS, who shares with me his friendship and faith, whose counsel and support are always there; and

BILL WILSON, whose 'Way of Life' became my own.

J. George Strachan

Acknowledgements

ACKNOWLEDGEMENTS

My appreciation and commendation to Leonard Blumenthal, Chief Executive Officer, The Alberta Alcohol and Drug Abuse Commission, and AADAC colleagues for making this History possible; David Hewitt, Director, Policy and Program Analysis, who kept us on track; George Milne, John Parker and Bette Reimer, who shared their knowledge and files; and to the Provincial Government under whose mandate AADAC serves the people of Alberta.

Though a most gratifying project, this synopsis is nevertheless a very real challenge. It demands memory and tact, places 'principles before personalities' and requires the assistance of skilled helpers for which I offer my sincere thanks to Mark Byington, Helen Butendyck, Steve Good, Barbara Grantham and Barbara Brouwer.

Recognition is especially due the members of the Fellowship of Alcoholics Anonymous and the Alanon Family Groups, whose continued co-operation and dedicated assistance makes this service effective.

Special recognition is due to the private and public agencies of Alberta for accepting this new service so warmly and sincerely; and above all to those initial patients, whose recovery and sobriety endorsed the principles on which the Foundation was established: that alcoholics are sick people who can indeed be helped and are certainly worth helping; that alcoholism is a treatable illness; and as such a public health and social responsibility.

Due to this splendid support, the Alberta Program continues to bring hope, recovery and sobriety to alcoholics, other drug dependents, their families and collaterals as well as greater knowledge, awareness and understanding to the spectrum of health and social interests in Alberta and worldwide.

The concept of the Alberta movement has provided a comprehensive program of educational, treatment and research services pointed to the control and eventual prevention of the illness alcoholism and other related drug dependencies.

We have striven to be the best in order to better serve the citizens of Alberta. It is our hope and wish, that you the readers will join in continuing to further these goals.

Cheers and God Bless to each and every one of you for being there!

J. George Strachan

Preface

PREFACE

"Alcoholism, the illness stemming from the misuse and over use of beverage alcohol, is as ancient and modern as man. It is a tragic waste and blemish on all ages of history that the human misery of the illness, with its consistent medical, social, economic and spiritual implications, has gone so long unattended.

While the depression of the 30's shook the whole world, that era did see the birth of a new approach to the problems of alcohol and to alcoholism as an illness in its own right.

The dramatic advances finally being attained stem from the dedicated leadership of Doctors H.W. Haggard and E.M. Jellinek, who in the early 1930's founded the Yale Centre on Alcohol Studies (then at Yale University and now at Rutgers, the State University of New Jersey); and by Bill W. and Dr. Bob S., the co-founders, in 1935 of the Fellowship of Alcoholics Anonymous.

Though these four illustrious pioneers have not survived to see the hopeful promise in the years ahead, their contributions have served to point the way to stimulate treatment, education and research - inspiring acceptance of alcoholism as a treatable illness." [1]

Those now famous words of Alcoholics Anonymous, "Rarely have we seen a person fail who has thoroughly followed our path", [2] have opened the door to hope and brought recovery, sanity, happiness and serenity to many thousands of alcoholics. A.A., recognized as one of the great sociological phenomena of our time, has demonstrated that the alcoholic is not a hopeless case, to which countless recoveries convincingly attest.

During his fruitful life, Dr. E.M. Jellinek contributed more knowledge to understanding this ailment than all others combined since the beginning of medicine and social science. Drawn to this service by his concern for the ordinary man, he devoted himself to his work with zeal and energy none could match. His contributions were prolific and all magnificent, but the one that stands tallest for all to see and be guided by is his interpretation of alcoholism as a respectable and treatable ailment. [3]

The concept of services established in Alberta undeniably reflects the beliefs, findings and experience of these harbingers of light and hope in what before was a world of darkness, ignorance and neglect in the field of Alcohol studies.

Though many advances have been made in better coping with the social, medical and economic problems resulting from the misuse and abuse of alcohol and other drugs much still remains to be done. Alcoholism continues to be one of our most serious and costly medical, legal and social issues. Its magnitude and incidence are quite probably still greater than all other drug dependencies combined.

More important than society's concern with the problems of alcohol is the rationale society fosters - a social factor of first magnitude and priority - to be willing, seemingly even anxious, to gloss over and close our eyes to the ravages of alcoholism and to condone the unacceptable behavior so often associated with excessive drinking.

"When you and I and every person on the street - as the result of achieved awareness, knowledge and understanding - believe and voice the same acceptance, intellectually and emotionally, of alcoholism as a treatable illness, alcoholism will be on the road to control and perhaps even to eventual prevention.". [1]

Note:

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1 Alcoholism: Treatable Illness by J. George Strachan, Orca Publishers, Vistoria, B.C.

2 Alcoholics Anonymous — Chapter V "How it works" (First published in 1939). Reprinted with the permission of the Directors of World Services Inc.

3 Alcohol Explored by H.W. Haggard and E.M. Jellinek. Copyright 1942 by Doubleday & Company, Inc. — with Permission.

4 Alcoholism: Treatable Illness by J. George Strachan, page 19.

THE ALBERTA SCENE

Dr. J. Donovan Ross

Until the mid-40's there was very little in the way of public or professional information about, or much interest in, coping with the problems of alcohol per se and more particularly the illness alcoholism.

Across Canada few resources existed for the proper treatment of those afflicted with alcohol dependency. Nevertheless then as now, alcohol and other drug dependencies represent the most serious and costly medical, legal, social and spiritual issue of the times.

Other than fledgling group members of the new movement, the Fellowship of Alcoholics Anonymous, and the efforts of a very few concerned people and physicians, little existed to help those afflicted with and by the illness alcoholism. The next four decades would see a beginning and some tremendous advances in alcoholism recognizing the horrendous public concern and responsibility that it is.

Following the end of World War II, in 1945, there came to Alberta a young Naval Officer named J. Donovan Ross, B.A., M.D. Born on March 13, 1911, in Waldo, British Columbia, the son of a lumber family, Dr. Ross had studied medicine at the University of Alberta. While he had a deep and sincere vocational interest in his patients he evidenced an even deeper concern in people per se.

On June 1, 1938 he married Lillian S. Peterson, daughter of the late Arthur Peterson from Luceland, Saskatchewan. Following the War they settled in Edmonton, Alberta. Lillian, an able nurse in her own right, and her husband, quickly became active in professional, church and community life, and were soon respected and liked by a wide range of friends.

As Dr. Ross's practice grew his natural interest and talents became recognized. Conscientious and devoted to his profession, he became quite concerned about a malady affecting friends, family members and a larger than anticipated segment of his practice - their illness alcoholism.

As initial awareness increased, he discovered for himself that this affliction was no respecter of person, color, race, creed, age or sex. Though some patients had indeed 'regressed', by far, most were an average cross-section of society, even including fellow physicians.

Two relatives, a young woman and a prominent businessman, together with several friends and patients, were of particular concern. Seemingly too, all normal approaches to their problems proved unsuccessful. As most "patients" felt they were not "bad enough" to go to A.A. the need for another avenue of care was obvious.

Through the intervention of a friend the young woman upon being introduced to Alcoholics Anonymous found recovery and sobriety. However, that same avenue of hope and help was not attractive to his other relative or to all his patients. Nevertheless Dr. Ross persevered and persuaded the relative to attend a private treatment facility where he found lasting and contented sobriety.

These experiences made Dr. Ross aware of the need to do something concrete about this critical issue, which even in those early days he recognized as a very serious public health concern and responsibility.

THE FIRST STEPS

During 1947 and 1948 Dr. Ross set about his quest to find a solution to the dilemma of the proper approach to, and the care of, alcoholics. From all that he had learned so far, it would seem that a facility that could offer the proper information and guidance to patients, their families and other collaterals could be the answer. That facility would have to be easily accessible to the citizens of Alberta. With these tentative plans in hand he approached several of his medical colleagues seeking their advice and involvement in his quest. With some persuasion colleagues in the Alberta College of Physicians and Surgeons agreed to assist Dr. Ross achieve his cause. At their annual meeting in September of 1950, the Alberta College of Physicians and Surgeons appointed an organizing committee whose members were Drs. Bramley-Moore, E. Donald, Morley Young, with J. Donovan Ross as Chairman.

To initiate greater people awareness, Dr. Ross had, very early on, begun to spread his gospel of concern to service clubs, community organizations, church groups, in fact any and all who would listen. To further his growing library of knowledge, in 1950 and 1951, Dr. Ross visited the few existing sources of information and direction then available: the Centre on Alcohol Studies, then at Yale University; the National Council on Alcoholism in New York; Dr. Gordon Bell's Clinic and the Alcoholism Research Foundation, both in Toronto.

Early in September of 1951 the Alberta College of Physicians and Surgeons - having heard a favorable and supportive report from the committee appointed the previous year - unanimously approved the proposed plans for a program to better cope with the illness alcoholism. This endorsement was a significant first step in the development of a facility and resource, later to be known as the Alcoholism Foundation of Alberta.

As another major step in his plans Dr. Ross had assembled a reputable Alberta group of potential board members to direct the affairs of the proposed foundation. With Dr. Ross in the chair, the proposed board would include Mrs. Cornelia Wood, M.L.A. Mayor of Stoney Plain and an ardent community worker; James Cross, the Owner/President of Calgary Brewing; Cliff Ross, a cousin, who managed oil and lumber interests; Roy C. Marler, a farmer and agricultural specialist, also ardent Community Worker; Richard Rice, Owner/Manager of a television station; Bob Burns, a well known Contractor; George Cristall, member of a family who owned and managed several hotels in Alberta; Dr. Andrew Stewart, President of the University of Alberta, Edmonton; Norman F. Priestly, a respected and known 'dry' from Calgary; Dr. R.MacGregor Parsons, a Physician and Surgeon from Red Deer, and a member of the Executive Committee of the Canadian Medical Association; R. J. 'Bob' Dinning, President of Burns and Co.; H.E. Pearson, P.P. & C. Ltd., Edmonton; Gerry Gaetz, Manager of Radio and Television stations, CJCA, Edmonton; and several others, not all of whom were signatories of the Incorporation papers. Several members were themselves recovered alcoholics.

Dr. Ross also achieved support of all Parties in the Alberta Legislature, led by the Honourable Ernest C. Manning, Premier, and Mssrs. Percy Page, Leader of the Conservatives and Harper Prowse, Leader of the Liberals. As everyone could appreciate, this was indeed an influential group of colleagues.

Not long after the all important meeting of the College of Physicians and Surgeons, the first meeting of the new Foundation Board was held at the MacDonald Hotel on September 27, 1951 at which the first Board and it's officers were duly elected.

Attending this first Board of Directors meeting were members of the Executive Council of the Alberta College of Physicians and Surgeons and Representative Members of the Alberta Government Cabinet. Mr. H. David Archibald, the first Executive Director of the Alcoholism Research Foundation of Ontario, had also been invited to meet with the group and to speak to the assembly. Mr. Archibald outlined some of the developments and issues to which their newly organized program in Ontario was directing it's efforts.

The real significance of this occasion was the realization of Dr. Ross's hopes and plans! Conceived in 1947 The Alcoholism Foundation of Alberta was so named and incorporated as a non-profit society under the Societies Act on September 27, 1951.

Articles of Incorporation

The Articles of Incorporation as signed 27th day of September, 1951, read:

We, the undersigned, hereby declare that we desire to form a Society under the Societies Act and, that

1. **The name of the Society is THE ALCOHOLISM FOUNDATION OF ALBERTA.**

2. The objects of the Society are -

   (a) To conduct a programme of research in alcoholism, defined as any diseased condition produced by the action of alcohol upon the human system.

   (b) To make necessary surveys such as ascertaining the number of persons convicted and sentenced to payment of fines or to imprisonment in gaol for offenses under the Liquor Control Act or the Criminal Code of Canada in which intoxication or drunkenness was charged and the background including previous convictions of such persons, and also a survey of

selected areas in Alberta in order to determine the extent of the problem of alcoholism in the province.

(c) To establish and operate a hospital or hospitals for experimentation in methods of treating alcoholics and/or to make necessary arrangements with existing hospitals for this purpose and for the setting up of out-patient clinics.

(d) To take such steps as may be considered advisable to educate the public and particularly younger persons as to the consequences and means of prevention of alcoholism.

(e) To acquire lands by purchase, rental or otherwise, and erect or otherwise provide a building or buildings for the use of the Society.

(f) To provide all necessary equipment and furniture, libraries and reading rooms for carrying on its objects.

(g) To sell, manage, lease, mortgage, dispose of or otherwise deal with the property of the Society.

3. The operations of the Society are to be carried on at the City of Edmonton and elsewhere in the Province of Alberta.

Signatories of Incorporation on September 27, 1951, were:

H. E. Pearson (Taylor Pearson Ltd.)
Gerry Gaetz (Edmonton),
H. H. Ross (Lumberman, Edmonton),
R. J. Dinning (P. Burns Ltd., Calgary),
Norman F. Priestley (Calgary),
I. George Cristall (Hotel Keeper, Calgary),
James R. McFall (Alta. Fed. of Agriculture, Calgary),
C. W. Ross (Lumberman, Edmonton),
J. B. Cross (President, Calgary Brewing),
R. MacGregor Parsons, M.D. (Red Deer),
Andrew Stewart (President, University of Alberta),
J. Donovan Ross, M.D. (Physician and Surgeon, Edmonton),
Roy C. Marler (Farmer, Byemoor),
Mrs. Cornelia R. Wood (M.L.A., Stony Plain)

The first Board of Directors were:

Mr. George Cristall,
Mr. J.B.Cross,
Mr. R.J. Dinning,
Mrs. R.B. Gunn
Mr. Roy Marler,

The first Foundation Officers were:

Dr. J. Donovan Ross, President,
Mr. R. J. Dinning, Vice President,
Mrs. C. R. Wood, Vice President,

An Executive Committee, also nominated and approved consisted of: President Ross, Vice Presidents Dinning and Wood, and members Dr. Andrew Stewart, President of the University of Alberta, Mr. C. W. Ross, a local industrial and business man in Edmonton.

It was further decided that "the Executive Committee should investigate ways and means of financing the organization and to look for a capable person to fill the position of Executive Director of The Foundation".

The Executive Committee was also directed "to secure the services of a Board Secretary who would: keep the objectives of The Foundation before the public; seek out people who might be interested in contributing to the financing of the Foundation; lay the groundwork for a survey of the problem of the recidivist alcoholic."

The person already under consideration was **GEORGE B. HENWOOD**, founder and first president of the Edmonton branch of the John Howard Society a former Deputy Attorney General of the Province of Alberta and a member of the Order of the British Empire among many other honours. On October 1, 1951 as agreed and planned Mr. Henwood was appointed Secretary pro tem. He served Dr. Ross, the Board and

the fledgling Foundation, from the outset, well and devotedly.

Later Mr. Henwood also served with the Board. In the words of Dr. Ross, "His legal training, his experience in the John Howard Society, and his keen insight into the many problems of alcoholism enabled him to make a signal contribution to the plans of the Foundation."

At their September 27, 1951 meeting, the Board and Executive agreed to arrange for a meeting with the Alberta Provincial Cabinet as a whole to discuss the implementation of the Foundation's proposed program.

On December 11, 1951, members of the Foundation Board did meet with the Honourable E. C. Manning, Premier, the Honourable Dr. W. W. Cross, Minister of Health, the Honourable Lucien Maynard, Attorney General, and the Honourable Ivan Casey, Minister of Education. The purpose and plans for the operation of the Alcoholism Foundation were reviewed. Having approval in principle, Dr. Ross was further requested to prepare and present to the Premier budget estimates for approval by the Cabinet.

All those attending "emphasized the need for the Foundation to become a strong private voice and organization to enhance it's position within both the private and public sectors and as a private organization to remain free from all political and other adverse influence or entanglements".

The Premier and all members of the Cabinet present indicated their strong support of the new Foundation and the work it was to do.

The Attorney General, the Honourable Lou Maynard, expressed interest in the early development by the Foundation of a rehabilitation project within the correctional system. Discussions were also held on the establishment of sound working relationships between the Foundation and Alcoholics Anonymous.

It should be noted here that Mr. Manning's interest in the fellowship of A.A. had already been well demonstrated. Sometime earlier he had approved the purchase of residences in both Edmonton and Calgary to serve as contact and meeting centres for A.A. members.

The above two recommendations were indeed incorporated into the Foundation's Programming Prospectus and would later come to fruition with the development of the Belmont Rehabilitation Centre and Belmont Hostel. The Foundation's role and cooperation in these activities are reviewed later in this history.

Dr. Ross's work then began in earnest. Thenceforth, through 1952 and into 1953, he and other members of the Board and Executive continued to meet with an ever-widening circle of private and public groups, service clubs and organizations throughout the Province, to gain an ever broader range of support.

Early in 1952, as directed, Dr. Ross and the board submitted a budget to the Provincial Government to cover initial and basic needs to put the Foundation into operation. Well aware too of the necessity of seeking assistance to establish and direct the Foundation's program, Dr. Ross began his search for experienced and knowledgeable help.

J. George Strachan

COINCIDENCE – OR PREDESTINED GUIDANCE?

The husband of a nurse with whom Dr. Ross's wife Lillian had trained and worked had been seriously afflicted with the illness alcoholism. However, in 1948 George Dunaway had achieved recovery and solid sobriety with a 'self-help' group. Dr.Ross regularly called upon George's experience and help with patients. On learning that George would be in New York in April 1952 to meet with a broad cross section of the members of this 'self-help' group Dr. Ross reminded his friend George of their need for direction in developing an Alberta Program. So it was, that I came into their plans.

While Dr. Ross and his Alberta colleagues were engaged in developing their programming and Foundation, I was already establishing similar services. Now a sober alcoholic with a stable period of recovery - though I had known every advantage of family, education and position - conversely I had also learned the anguish and despair to which alcoholism can drive any individual so afflicted. As a result of my experience and that of others who underwent similar ordeals I had determined to learn earlier and more effective ways to assist the alcoholic to recover with dignity from their illness.

With a few close associates, initially as a volunteer, then working full time we had developed a broad program of services similar to those which they wished to initiate.

I, too, was destined to be a representative to New York in 1951 and again in 1952 at the same place and time as George Dunaway from Edmonton, Alberta. On arrival in New York, George met the founder of the self-help group, Bill Wilson, and asked him for assistance in finding someone to provide direction for their new program in Alberta. He turned and directed George to me! Bill Wilson also noted that I was a Canadian by birth, now living and working in Milwaukee, Wisconsin and busily engaged in establishing programs.

During the next several days we had together I described what I was doing and had done; outlined the activities in which we had been engaged; sources of support we developed, as well as, the accomplishments, which it had been our good fortune to enjoy. I tried to provide as much of an overall background as I could in order that George might in turn share the information he absorbed with Dr. Ross. I also agreed to keep in touch, to convey my thoughts and suggestions, and to visit Edmonton if invited.

An invitation from George Dunaway came later that year to speak at an Annual Conference in April 1953. I accepted, of

course, knowing that this visit would provide an opportunity to discuss further Alberta programming with Dr. Ross and his colleagues. It would also give me an opportunity to learn more about Alberta, it's people, it's resources, and to see for myself the possibility of achieving the many goals I envisioned to better serve those with alcoholism.

My visit was a very rewarding experience. I was invited to return and to bring with me my wife Jane. We could then meet more formally with the Board and people of the community. I was asked to bring such additional suggestions as I might have for the development of the new Foundation and, more importantly, consider returning to Canada to direct the new Foundation.

The invitation was promptly confirmed and Jane and I returned in the middle of May, 1953. We met with Board members in Edmonton, Red Deer and Calgary and with the Premier and several of his cabinet. I again spoke to several Service Clubs and other groups. It was a busy, and well organized introduction, giving us an opportunity to know and assess each other individually, and as a couple, and me as the possible director of their new Foundation program.

Following our several meetings, all of which were most rewarding, I was asked to consider an appointment as Executive Director of the new Foundation, and to notify them as promptly as possible of my decision.

After careful consideration and freed of my obligations in Milwaukee, Jane and I made the all important decision to accept the position as the Executive Director of the Alcoholism Foundation of Alberta, with the appointment to be effective the first of June, 1953.

SETTING UP

The Foundation, Edmonton, 1953

Early in June of 1953, the Provincial Government as agreed with the Board, purchased the John McDougall residence at 9910 - 103rd Street in Edmonton to serve as the Foundation's first Administrative Centre and Clinic. During my earlier visit, Dr. Ross and I had viewed the residence, where I also met its owner John McDougall. I certainly agreed that the McDougall house was ideally suited to the Foundation's needs. It satisfied every possible requirement and would indeed be a tremendous asset.

The warm homey atmosphere; the non-institutional setting; the tasteful appointments and pleasant surroundings would in themselves attract all who came to seek information or assistance. Once appropriately furnished, it would offer the incentive of creating it's own sense of welcome and motivation; so important to those who are desperate, remorseful and bitter about their own failures - feelings quite common to alcoholics and those close to them.

The very choice of that residence as the first Centre and Clinic assured me that Dr. Ross and the Board were indeed empathic and particularly sensitive to the needs of the suffering alcoholic, who has finally made a decision to seek help.

On the 8th of July, 1953, with a card table, an old brown leather lounge chair and matching couch, left by Mr. McDougall and a temporary phone strung through a window in a large room, once a billiard den, we opened an office. Though we had planned to take thirty days to get settled, the very first day clients appeared seeking information about our services. Without furniture, staff or any of the preliminary amenities, we were in business. The situation never changed.

Upon the opening of the new Centre, that first week of July 1953, the Executive Committee held it's first meeting. Authority was granted to employ staff and initiate programming service. The Foundation was officially opened on July 14, 1953.

EARLY PERSONNEL

As the Foundation began to operate other staff members were hired. From advance newspaper ads, several names were selected for my consideration. I phoned and later that first day met, interviewed and employed Catherine McGuire, our first employee. She was Girl Friday in every respect. Though initially unaware and completely untrained she was nevertheless bright, open minded and avidly willing to learn and work. Catherine progressed steadily and later served as our first Secretary/Treasurer.

Our second employee was Doreen Stith. Fresh out of school, she came to Edmonton to seek a secretarial position. Anxious and inexperienced, Doreen wondered what she was getting into. But she was game, and became not only an employee, but a very loyal Foundation friend and my secretary.

To me the receptionist, as the first-contact for patients, their families, or other collaterals, remains the single most important responsibility in any treatment or public centre. The receptionist sets the tone, bridges the gap between client and staff and often times is the difference between a successful introduction to recovery or to further denial and frustration.

After several disappointments we found Bryna Mickelson, who was perfect in every respect. When someone came in shaky or sick, she would make the person comfortable: fetch coffee and help the individual to endure the embarrassment and pain of waiting to see a counsellor. She too was there for several years.

During my earlier visit, a friend had suggested I meet with Allon W. Fraser, Director of Programming at one of the Provincial Institutions. A psychologist, he admitted to knowing nothing at all about alcoholism, but did indicate a very real interest in joining us and learning something about this very new field. He joined the Foundation the latter part of July 1953 in the position of Associate Director of Treatment.

Through a board member and friend I met Hanna Lewis who we immediately employed. A graduate of the University of Alberta with degrees in Arts and Education, Hanna had also attended the Universities of Minnesota and California majoring in Counselling and Guidance. Prior to joining the Foundation, she was with the Alberta Government Department of Education in the capacity of Assistant Supervisor of Guidance.

During her first two years, she served both as Treatment Counsellor and Educational Advisor. As Educational Services grew, she moved to the position of Associate Director of that new Department. She ably met the responsibility of directing the incredulous demand for Public Information and the many facets of Community and Professional Orientation.

A few months later, as we prepared to initiate 'beginning studies' and the assessment of our ongoing services - again through a personal contact - we learned about Ernest W. Wilby. After initial meetings and an assessment of each other we employed him as our initial Research Associate. This gave impetus to the development of a Research Department.

When we decided it would be time to get a full time bookkeeper and general office manager, again that Higher Power intervened. A phone call was received and transferred to my desk because of the nature of the enquiry. The call came from a man in a phone booth who said he was desperately in need of help. He was lost and could we come and get him and "fix" him up? We came and with help and time he achieved sobriety. Jack Fullerton eventually became our Secretary/Treasurer, a position he filled in excellent fashion until his retirement.

John Motyl served as Editor of the Foundation Journal "Progress". August Boehme, our maintenance man, was a God-send. A retired engineer and neighbor, August had offered to help me move in and get settled. He knew everyone and all about keeping a big house running and in good order. He too stayed on for over ten years.

There are too many others, about whom we could share experiences and pay tributes to their contribution to the success of the Foundation, to mention. All, however, are listed in the appendix.

THE KITCHEN

Our most useful and remarkable feature during those beginning days, was the kitchen. It was later to become our medical area - because it had a separate entrance to a large parking area; was accessible to my office and the dining room, which became a group and board room; and a lower level area, which was refurbished as a staff, lunch and coffee room.

Everyone that visited had coffee there. It became a special 'patient - guest' waiting room. Many former patients still talk about the quiet periods and conversations held there with other clients, members of staff or myself and especially with Jane. It was an 'aspect of contact' which we missed very much when the 'kitchen' became the Medical area.

We also had a budgie named Skeety Beetz who was quite friendly and a famous talker. Occasionally he would fly out of his own quarters upstairs and into the kitchen via a back stairwell. He soon knew the home better than we did. Patients and their families found him most interesting and entertaining and often came just to see him. He was particularly intriguing to all new patients.

Let me tell you about an experience that had a most traumatic effect on one man. A patient, Jim K., had had a serious relapse. Sick, shaky, unsteady and very ashamed he came in to see the doctor and nurse. He was walking down the hall toward the front entrance, while I came down the front stairs. I was about to greet him when Skeety Beetz flew down and onto Jim's shoulder. He then scooted round and got on Jim's tie, where he looked up at Jim and said, "My name is Skeety Beetz Strachan, what's your name?" There being no answer, Skeety repeated himself a little louder and a third time even louder, demanding a reply! Have you seen cartoons of people going straight up in the air and leaving their shoes and trousers standing there? Well, that was Jim. Absolutely dumbfounded, Jim stood stock still and afraid to move. He couldn't believe what was happening but was sure his time had come!

Though it was all I could do to control myself, I managed to take Skeety on my finger and say, "Hi Jim, I see you've met our friend, and it looks like he's a friend of yours." Believe me, Skeety did more for Jim than any of us ever had! He reached his crisis point right there and then. Suffice to say, Jim and Skeety became good friends and Jim never looked back. He always claimed that this was a 'message from above' and I think he was right.

Another wonderful 'kitchen-days' episode occurred early one afternoon with Dr. Homer D., a physician, who had come upon difficult times because of his dependency. As the result of a very unfortunate episode he had been institutionalized, and lost his licence to practise.

Following his release, and with a very positive recommendation from Dr. Ross and several other eminent doctors, it was possible for us to arrange for him to serve a renewal internship at the old Misericordia Hospital under Dr. Gordon McDonald, then Medical Director. He did very well and was permitted to do some part-time work with us. We planned to employ him as a part-time clinical physician.

On that particular day, a hearing about Dr. Homer was being held at the McDonald Hotel by a committee of the College of Physicians and Surgeons, of which one of our Board Members, Dr. McGregor Parsons, was a member and, I believe, Chairman. Naturally we had prepared a reference on Homer's behalf. Before and during the hearing, Homer was 'visiting' with Jane and staff in the 'kitchen'. They were quietly reassuring him that all would be well, then off to the hearing he went at the hotel only minutes away.

The Calgary Clinic Opens 1954

Not long thereafter, the front door slammed, and Homer came dashing in to look for all of us and to find Jane. He picked her up, hugged her and swung her round and round, while telling her our prayers and help had worked and that he was being re-instated on the premise that he finish his refresher internship at the Hospital and work with us. Homer never looked back and ably served as Clinical Physician for several years. He became a legend in the Clinic, making quite a name for himself and his work with alcoholics.

It seemed that the Higher Power we suggest is so vital to the recovery of everyone, was always in our midst at the Centre and especially so in the 'Kitchen'.

EXPANSION TO CALGARY

Following demands for Foundation services to better meet the needs of Calgary and the southern communities of the Province, early in 1954 we made plans for a centre in Calgary. After a lengthy and thorough search, guided by the Edmonton experience, we found and the Government purchased in May 1954 the Frank Kershaw residence at 737 - 13th Avenue. On the completion of necessary renovations, the employment of several new staff, the transfer of several Edmonton staff and, later, Gordon Stephenson, the second Alberta Clinic was opened in Calgary in 1954.

The new Centre in Calgary, modelled after Edmonton's was placed under the direction of Allon A. Fraser from Edmonton. Maude Bond was the first secretary, E. Soper the first nurse and Dr. W.H. Mulloy the part-time physician. The centre, as with Edmonton, was literally "in business" immediately. Calgary Board Members were splendid in the assistance they rendered the new unit.

Both centres, among other essential services, provided: Public Information, Patient and Family Outpatient Treatment, Hospitalization Referrals, Rehabilitation, Public Programming and Referral Procedures to other Community Resources. The assembly of these component responsibilities was another vital milestone in the development of coherent and consistent Alcoholism Programming and effective treatment resources in the Province of Alberta. Unbelievably, the Alberta program almost immediately was accepted as a model service and, as quickly, was widely copied - as it still is today.

ALBERTA CONFERENCE ON ALCOHOL STUDIES

Probably the most significant activity during the first period of service was the planning and conducting of a first Conference in Alberta and Canada on Alcohol Studies. It was held between August 30th and September 2nd, 1954, at the University of Alberta, Edmonton, at Athabasca Hall and conducted by the Alcoholism Foundation of Alberta with the co-sponsorship of the University of Alberta - Department of Extension.

The object of the Conference was to bring to persons confronted by the problems of alcoholism and of abnormal drinking a wider understanding of those problems and methods of dealing with them.

To quote from the Conference Proceedings "It should be understood that the conference could not offer a program of clinical training in preparation for work in the field of rehabilitation of alcoholics. The problems of alcoholism are so varied and complex that, in the time available, only a broad, general outline of those problems and remedial measures can be sketched. However, students, who have a background of specialized skills and experience will gain a great insight into this field and so be able, through greater understanding, to better deal with the problems of alcohol and alcoholism."

Lectures covered the physical, emotional and social uses and abuses of alcohol. These aspects must be understood, whether the specific interest is in legal controls, education, treatment, community planning, pastoral counselling, industrial, health, efficiency, penology, or other particular studies. All of these activities are inter-related and must be dealt with conjunctively.

Planned as an annual event, the Faculty members included: from the Centre of Alcohol Studies, (then at Yale University) Dr. Selden D. Bacon, Director; Dr. Leon A. Greenberg, a Physiologist and Researcher; and Messrs. Ralph M. Henderson and Raymond G. McCarthy.

It is interesting to recall that Dr. Selden Bacon had serious misgivings over the potential attendance and success of the conference. It seemed to be too soon after the recent opening of the Foundation. However, then President, Dr. Andrew Stewart of the University of Alberta and a founding Board Member of the Foundation, assured Dr. Bacon and all others that if Donovan Ross and George Strachan said it could be done, they would do it! The conference was over subscribed with applications from all over the globe.

From other Centres lecturers included: Dr. R. Gordon Bell, Medical Director of the Bell Clinic in Ontario and H. David Archibald, Executive Director of the Alcoholism Research Foundation of Ontario. Also serving as lecturers and helping to inaugurate this first Conference on Alcohol Studies were Board and Staff Members of the Foundation and a number of speakers from Canadian and American programs and Alcoholics Anonymous.

Conference Chairmen were: The Hon. A.O. Aalborg, Minister of Education; Colonel E.W. Cormack, O.B.E., Dept. of Extension; Hon. Dr. W.W. Cross, Minister of Health; Alderman, E. Wilson, Acting Mayor of Edmonton; Hon. R.D. Jorgenson, Minister of Public Welfare,; R. Paul Lawrence, Secretary, Alberta Safety Council; Dr. Gordon R. MacDonald, Pathologist, Misericordia Hospital; Dr. J. Donovan Ross, M.L.A., President, Alcoholism Foundation of Alberta; Dr. John W. Scott, Dean of Medicine, University of Alberta; Dr. Andrew Stewart, President, University of Alberta; Hon. Gordon F. Taylor, Minister of Highways, Railways and Telephones; Hon. N.A. Willmore, Minister of Industries and Labour.

Successful beyond all expectations, the large and representative attendance was particularly gratifying. A statistical digest of Conference participants recorded the presence of 165 attendees from Alberta, Canada and the United States. Of this total

35 were medical representatives, 20 industrial management, 44 community agencies, 10 Clergy, 7 from Government departments and 49 of other classifications. A Proceedings of the Conference - considered a classic in the field, was requested, prepared and distributed world-wide.

As I reflect on that first Canadian Conference on Alcohol Studies held in 1954, there comes to mind many warm and significant experiences. We owe much to the University of Alberta. From it's inception, the Foundation received the whole-hearted support of University Officers and Faculty. The President, Dr. Andrew Stewart, was a founding member of the Foundation, later serving as our President. Several senior officers and other faculty members served on the Board and Committees in the ensuing years. While we successfully completed many projects together, space does not permit all that could be said in tribute to their guidance and co-operation.

CANADIAN COUNCIL ON ALCOHOLISM

On the conclusion of the Conference on Alcohol Studies on September 2, 1954, I invited the Directors of Canadian Provincial Programs in attendance at the conference to join me in discussing informally the feasibility of founding a national organization. Such a national body could concern itself with matters of mutual interest to all provinces, such as federal and provincial support for programming, the development of services with the Department of Veteran's Affairs, Native matters, radio and television programming, literature, programming in the United States and the potential of assisting and encouraging each other in the further development of our own programs.

It was agreed that such a service had great potential, however, some provinces were not far enough along with their own programs to participate. It was decided, therefore, that the group would meet again in the future to assess the possibilities of founding a National Council.

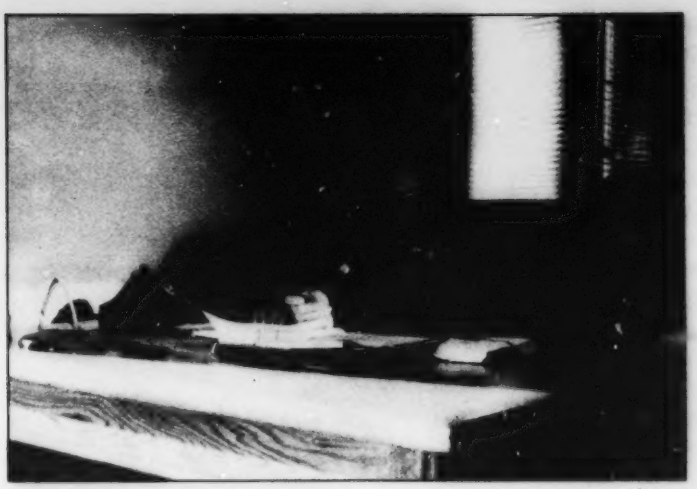
RELATIONSHIPS WITH ALCOHOLICS ANONYMOUS

We also kept two other initial pledges in those auspicious years of 1953 and 1954. At the behest of Mr. Manning and Dr. Ross, I personally assisted in establishing closer ties with, and made better arrangements for, the two residences, which the Province had provided, as Chapter Houses for the Fellowship of Alcoholics Anonymous in both Edmonton and Calgary.

We arranged to help the 'trusted servants' of that time, to re-organize the administrative and operating procedures of both homes.

In keeping with the Traditions of the Fellowship of A.A., the committees operating those residences were incorporated as separate Non-Profit Societies, with titles to the homes remaining vested with the Provincial government.

In Edmonton, the original chapter House on 108th Street was to be demolished to make way for additional new government buildings. We found them a larger and finer residence at the corner of 106th Street and 99th Avenue. Both Chapter Houses remain active to this day. Although not in the same locations they continue to serve the needs of their members.



Tom Stalker, Belmont Manager

THE BELMONT REHABILITATION CENTRE

As requested in December of 1951, by the Honourable Lou Maynard, Attorney General, in an initial meeting of the Foundation Executive with the Honourable Ernest C. Manning and Members of his Cabinet we established programming plans for a new Rehabilitation Centre. It was suggested then by Attorney General Maynard "that serious and early thought be given to the development of a rehabilitation centre for those unfortunates whose use and abuse of alcohol had caused them to be incarcerated".

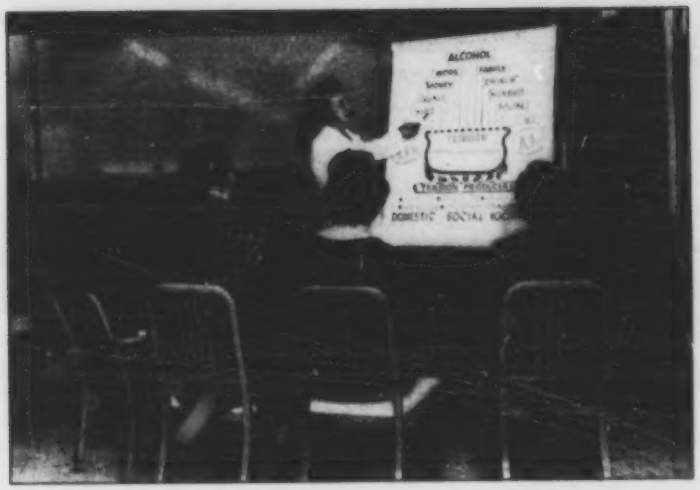
This recommendation resulted in the development and construction of the 'Belmont Rehabilitation Centre' a separate and open-type custodial facility on a large farm, under the jurisdiction of the Department of the Attorney General, the basic purpose of which was the rehabilitation of incarcerated alcoholics. Officially opened in May, 1954, with Jack J. Mellan, as Superintendent, it housed referrals and transferees from the other penal institutions within the Province. Transfers from federal institutions were also permitted and arranged.

Those committed or transferred to Belmont had previously acknowledged a personal need for treatment of their alcoholism or it had been requested by their families, attorneys or other collaterals. The Foundation helped to select and train the treatment personnel for Belmont. The first Director of the Recovery Program was Tom Stalker, followed by Doug Campbell and Duke Parrish. Duke later was transferred to the Spy Hill Correctional Centre outside of Calgary to initiate a recovery program there. All of these devoted workers played an integral part also in the Belmont and later the United Church Hostels, and other institutions. With their close relationship to Foundation Clinics and A.A. activities, their contribution to the recovery of alcoholics is inestimable.

Tom Stalker, with his wife, Katherine dedicated every waking hour, in one way or another, to serve the needs of Belmont, and later the Belmont Hostel- founded to provide a home for those, who on release continued in treatment. Alcoholics Anonymous through its members and groups at both facilities, played a very important part in achieving and maintaining the sobriety of alcoholics, who began their recovery at Belmont. Many of those released from Belmont also came to the Foundation for further counselling, - for themselves, and for their families.

Many amazing stories of recovery and sobriety could be told in tribute to the excellent services performed at Belmont. After their program was well established, Belmont became self-sufficient and self-contained. The Foundation's role continued to be: training new personnel; helping in the selection of some transferees; providing continuing counselling assistance when requested; and the necessary follow-up or after-care for released patients and their families.

Those are some of the highlights of that very crucial and rewarding first period of Foundation service. Yes, it was a busy time indeed. Further detail is available in the First Annual Report covering that period of the Foundation's service from July 1953 to December 1954. (See AADAC Library)



Understanding The Problem, c. 1954

The previous chapter "**INTO ACTION**" reviewed a few highlights experienced between July 1953 and December 1954, the Foundation's first period of service. There follows a review of the philosophy and services planned and implemented during the key years of the Foundation's life.

THE FOUNDATION'S PHILOSOPHY AND PRACTICE

Drawing from my Wisconsin experience and that of the late Dr. E.M. Jellinek, then Director of the Centre on Alcohol Studies and his colleagues, during May of 1953 I developed a **PROGRAMMING PROSPECTUS**, which on opening with approval by the Board we began to put into action. A copy is in the Appendix.

We implemented **ONE INNOVATIVE 'OVERALL-APPROACH' TO PROGRAMMING**. We never swerved from our original decision to meld Treatment, Educational and Research Services into one cohesive and comprehensive program, pointed to the control and eventual prevention of the 'illness alcoholism' - an idealistic dream in those early days.

We pioneered the care of the 'whole person' physically, emotionally, socially and spiritually; a procedure which demanded a staff representative of all treatment disciplines. We also immediately and continuously involved, as much as possible, the spouse, family, employer, physician and any other persons directly related to the patients total recovery.

Important to this 'overall' and 'family' approach to treatment was the necessity to change and improve public attitudes toward alcoholism and the alcoholic, and to promote the acceptance of alcoholism as an illness in its own right, deserving of the same dignity accorded other illnesses. Vital to this goal was the evolvement of a broad spectrum of Educational Services at all levels of society to eliminate the negligence, ignorance and demeaning attitudes then directed toward alcoholics as the derelicts of society, and the research studies and evaluations supportive of the Foundation's programming.

Let me briefly describe what this meant for each of our areas of service: Treatment, Education and Research.

Treatment

From the outset, patients received every care: thorough physical examinations; assessments of family, vocational and social relationships; and individual and group therapy. Whenever possible, the spouse, family and other collaterals (physicians, employers, others) were brought into and made a part of each recovery program. Patients were also introduced to compatible members of the Fellowship of Alcoholics Anonymous as temporary sponsors. Those sponsors made their own arrangements about selecting and taking new patients to group meetings.

Past experience had already confirmed, that when spouses, other close family members and physicians, employers or employees and sponsoring members of A.A. are included in the recovery process the percentage of success rose dramatically.

Most patients are lost when the availability of proper care between the initial contact and the later stages of recovery programming is lacking. These and other auxiliary resources for shelter, food and interim family and child care are all resources, arrangements for which we secured in advance. They were and still are critical to maintaining a continuity of care with homeless alcoholics or those temporarily on their own. And of course, there were those patients who suffered from other ills, the care of whom, once diagnosed, we had to refer to the proper facilities.

Training staff to properly recognize those situations and to learn about properly utilizing their own and the resources and functions of other agencies proved to be a demanding, but important factor in preparing new and unaware counsellors - regardless their professional training or background - for their roles in Foundation treatment.

In staff sessions we often heard the question: Shouldn't they do some of these things for themselves?, a common complaint from all new staff. Yes, of course, but only after those patients, and often times their families, were aware and sober long enough to actually know what to do and why. By teaching staff to make such appointments, even take people to the right places, we demonstrated our sincerity of purpose and the depth of our interest in our patients.

Because alcoholics don't necessarily check the clock or the date, we soon learned that evening and weekend appointments were often times more effective than those during regular working hours. Unfortunately, these types of after-hour services were generally only carried out by the recovered alcoholics on staff, who having a vested interest in the recoveries of others, were willing to take on these extra responsibilities. Quite often, helping with these very essential needs, was our means of breaking through with new patients and having them accept treatment and recovery.

At the very beginning we were literally besieged with enquiries by and about patients. Many such calls were simply anonymous 'curiosity seekers'; others wondering about their own drinking, always referred to as "someone else's problem"!

There were also quite a number of referrals from agencies, the courts, and Alcoholics Anonymous of particularly difficult, known and seriously ill individual. In the beginning, these were sent to us, really as tests, to see just what we might be able to do with someone considered hapless and hopeless. If we could really help these cases, we could then be included 'among the able and good guys of the community'.

Every morning on both the front and back porch of our Centre residence - especially during bad weather - there would be a few homeless, lost or confused individuals (or just plain drunks, too

inebriated to go home). There were many 'eye-opener-lessons' to be learned in opening such a service in a new community.

The above patient situations, involving so many differences, demanded a sorting out of our files and records, so we developed a system of separating 'enquiries' from bonafide 'patient cases'.

The personal, vocational, family and other relationships of the patient were most important to know and consider when choosing the 'right' Counsellor for a patient. We learned that to have a person of a high vocational and social position see a young inexperienced and unaware Counsellor on their first interview, can drive the patient out; to approach a new patient with a clip board and a long list of personal questions was both inappropriate and amateurish. Surprisingly little attention was given to these very obvious mistakes by new Counsellors, who really should be encouraging patients to seek and accept treatment. So, we all learned together from each others mistakes.

I remember the case of one patient's complaint. He came in one afternoon when the staff had briefly assembled to extend well wishes to a departing co-worker who was getting married. Sick, shaking and unable to sit still, he heard staff laughing and joking downstairs in the Lunch Room, while he shook and sickened even more. Finally, unable to stand it, he stomped out. That never happened again!

All patients were forewarned, that they would not necessarily like everyone they saw or everything they heard at the Foundation, any more than they would at their favourite bar! We only asked that they be as honest and frank with us as we promised to be with each one of them. It worked. For the most part, our rapport with patients and all those close to them, was a warm and mutually rewarding relationship. Many patients and their families remained very close friends to all of us.

Education

In presenting a new program to a new community, especially a treatment program encompassing our particular type of patients, was not an easy task. Two factors probably helped in getting our work and us established and accepted. Firstly, positive, living, recovered examples of that which we did and secondly, teaching the public and all segments of society per se to accept our work as needed and respectable part of their every day lives. Educational Services therefore had to go hand in hand with treatment.

Educational Services encompassed a wide spectrum of activities and responsibilities. While the whole gamut of activities was not implemented initially or all at once, but rather in due course of time, all facets of a total regime of services were carefully considered, planned and instigated. Remember, too, they had to be compatible and in balance with treatment and other services. The depth and effectiveness of the Educational Program established was dependent upon the funds and the quality of personnel involved.

The comprehensive Educational Services Program developed by the Foundation included: **PUBLIC INFORMATION** for all people to learn about alcoholism, what it is, who gets it, how many are there, the costs in dollars and to humanity, who else does it affect, how widespread are it's effects, can I get it and, above all, if I or someone dear or close to me has it, where can I go and what can I do? Answers to all of those queries, no matter the source, is acquired Public Information.

Answers were publicized through the radio, TV, journals, bill boards - every possible source of the news media. I remember how proud we were to publish our own pamphlets and Progress!

There was also the need to orient academic educators; to have them learn and integrate this new approach to alcoholism and the alcoholic into their own learning and teaching mainstreams of

medicine, teaching, religions, the social sciences and for other trainees and students. So conferences, schools, workshops and study projects were held for them. Bursaries were also made available to students to finish their schooling and training, to attend schools on Alcohol studies and to do summer projects - several of whom went on to complete Masters and Doctorate degrees with Foundation support.

Presentations were made to the clergy, service clubs, health, welfare and personnel associations, protective and policing organizations and the staff of mental, correctional, hospital and other like institutions. Reaching the clergy enabled us to address church congregations.

We wrote articles for industrial and professional journals, developed a library, which was made available to the community agencies and students, as well as, our own staff. And last, but certainly foremost, we made training bursaries available for the further schooling and training of members of Foundation staff, board and our various committees.

A main segment and responsibility of Educational Programming was to reach the management of business, industry and labour. Today employee assistance programs are among the soundest and most effective of all such services. As Dr. Jellinek pointed out to the 1960 Annual Meeting of the Alberta Medical Association: "Unfortunately in our day it is Business, Industry and Labour, who will lead the way in providing leadership and education to its own about alcoholism".

An important and most beneficial avenue of early contact in developing Educational Services was that of the related **COMMUNITY SERVICES. Other health,** welfare, social and community agencies and their resources already well established throughout Alberta offered and provided us with an unlimited number of other patient services - obviating the necessity of establishing like resources by the Foundation. Reciprocally, too, for the Foundation to be recognized and accepted, it behoved us to get in their good graces as a cooperative facility as soon as possible.

They made referrals to us and accepted referrals from us rather than our duplicating the assistance we each rendered and the time involved. Once approached and educated, their cooperation was invaluable. Mind you, it took some doing! All agencies guard and are jealous of their own prerogatives. However, if their individual contributions were acknowledged and commended, their cooperation was a natural result. To encourage that cooperation, we invited them one by one to visit our premises, initially in Edmonton and, once established, in Calgary. We also provided them with literature, offered training opportunities and had our staff members orient them to their roles in dealing with their own alcoholic clients. We also demonstrated the value and rewards economically and socially, to their coping earlier and more effectively with alcoholic clients. This additional tool made our joint service more efficient and effective and certainly more gratifying to our workers.

Research

As emphasized earlier, I deemed research to be a vital tool. However, with other programs already involved in fundamental research, and lacking the funds and personnel we saw it wiser to slowly initiate applied studies and pilot projects. These would have more meaningful and immediate benefits to the Foundation. We also promoted and joined in joint studies with the University of Alberta, the hospitals and others with encouraging results.

The provision of both 'sound care programming' and 'beneficial educational services' enabled us to measure the needs of those being served, the incidence of those afflicted, the progress and quality of the care rendered and the success or failure of our efforts.

PEOPLE, EVENTS, EXPERIENCES AND ACHIEVEMENTS

1955

As President Ross noted "this was a year in which there was a marked and increasing demand for Foundation services; and an acknowledgement of the difficulties inherent both in meeting these demands and in acquiring an integrated and well trained staff". However, sound progress was well evidenced: the Calgary Centre was doing exceedingly well, indicating that further program expansion must be contemplated for the Calgary area.

In May of 1955, the proposed **CANADIAN COUNCIL ON ALCOHOLISM**, was unanimously endorsed providing a medium for the exchange of information, research coordination and to assist with mutual program development across Canada. It was my honour to be appointed the Secretary.

1955 saw the publication of the Foundation's first annual report and the 'Proceedings of the First Annual Alberta Conference on Alcohol Studies'. The hosting of the Second Conference on Alcohol Studies, at the University of Alberta, Edmonton, was again a major and rewarding experience.

THE SECOND CONFERENCE ON ALCOHOL STUDIES, co-sponsored by the University of Alberta, Department of Extension, followed the same general format as the first conference and school. This time, however, the enrollment was limited in spite of a greater number of requests to attend. More free time was also arranged to permit greater individual and group discussions. More emphasis was given to special interests of treatment and of business, industry and labour involvement. As before, Alcoholics Anonymous arranged for and held its own open meetings and tours were arranged to the Foundation and other related interests. Headed by Dr. Ross himself attendees had the pleasure of many private tours and visits.

In addition to Foundation staff, many local and provincial dignitaries and faculty members included: Dr. David Bell, Dr. G. Donald Carson, Rev. John C. Ford, Allon W. Fraser, Hank G., Dr. Leon A. Greenberg, Arnold E. Henderson, Dr. Frank Kant, Raymond G. McCarthy, Frank Potts, Rev. Forrest L. Richeson, C.W. Ross, Dr. J. Donovan Ross, M.L.A., J. George Strachan, Donna Tone, Rev. Reid E. Vipond and Morrison Watts.

A Bursary Fund, established in 1954, enabled eighteen students and others to participate. Certificates of attendance were also awarded. Of the 113 delegates and observers who attended, 13 represented educational and 26 medical interests, 17 community agencies, 14 from industry, 14 representing clergy and 29 staff and others.

BELMONT HOSTEL. Not too long after the opening of the 'Belmont Rehabilitation Centre', it had become apparent that many of those released from the Belmont Recovery Program had no permanent place of residence to which to return. Such homeless releasees would therefore have no viable means of assistance or direct follow-up other than their referral to Foundation Clinics or Salvation Army Hostels.

Experience had well demonstrated that the programming provided during the period of custodial care could be entirely wasted, if a more positive means of housing 'away from old drinking contacts' were not available. Releasees from Belmont were not always accepted as readily by the community nor did they always feel as comfortable with others as they did with their own.

Thus it was, following discussions with the Departments of the Attorney General and Health, that the Belmont Hostel was established. A residence on the west side of 107th Street, just south of Jasper Avenue was purchased and renovated by the Provincial Government to suit the needs of its residents.

While Foundation staff played an initial advisory role, the Hostel as with the Belmont Centre itself, came under the direct jurisdiction of the Department of the Attorney General. Tom Stalker, and later Doug McIntyre and Duke Parrish were the Directors of the Recovery Program. The Hostel Director, Clark Grindell, the Night Manager and overall 'handyman' Jim Witcherly, along with the Cook, Scotty McEwan - all recovered alcoholics - played vital roles in the high rate of recoveries. Tom Stalker and his wife Kathryn simply extended their unstinting contributions to include the Hostel. Hostel residents learned to become largely responsible for their own care, sobriety and continued well-being.

As individuals recovered, they were assisted in finding employment, but remained in the Hostel until such time as they could be totally self-sustaining.

Meaningful work was accomplished in the area of Education and broad Public Information Services. While both the Edmonton and Calgary Centres provided literature and speakers bureaus, the Edmonton Centre also provided films on alcohol and alcoholism and offered radio programs dealing with these problems. Edmonton also provided a reference library of technical literature and promoted bursaries to assist qualified persons to attend conferences and schools on alcohol studies at the Utah University and the Summer School of Alcohol Studies sponsored by the Centre, then at Yale University.

1956

It was during this year that the Foundation became a full member of the **INTERNATIONAL COUNCIL ON ALCOHOL AND ADDICTIONS** with staff members attending their meetings. Personnel were also encouraged to be active in their own and related professional organizations both Provincially and Federally. The Foundation continued to welcome and provide speakers for public information, as well as, educational and orientation services to schools and professional groups in all corners of the Province.

A major breakthrough saw these same services being provided to hospitals and institutions throughout the Province. A pilot program was developed by Allon Fraser, the Foundations Director of Treatment, for the Provincial Mental Hospitals at Ponoka and Oliver. The Belmont model was also introduced to the Spy Hill, Fort Saskatchewan and Drumheller Institutions. Continuing presentations were shared with service clubs, and other community organizations. Of particular significance was beginning services for business, industry and labour including the Workman's Compensation Board, the Hudson Bay, Northwest Gas and Sheritt Gordon Companies.

Dr. Ross's message in the annual report expressed his concern that though the Foundation was now able to undertake significant research, its financial instability seriously impeded the progress such efforts could encourage. Therefore we faced the challenge of addressing the growing demand for more local data, and the need to attain the funding by which growth and required developments could occur.

THE THIRD CONFERENCE ON ALCOHOL STUDIES, entitled a 'Medical and Industrial Forum on Alcohol Studies', was again co-sponsored by the Foundation and the Department of Extension, University of Alberta. It was held at the then named Banff School of Fine Arts from April 2 through April 5, 1956.

The object of the forum was to bring to business, industry and labour representatives a broader understanding of the problems of alcoholism and abnormal drinking. Methods of dealing with these problems, in relation to the medical and business professions, were given particular emphasis. Delegates were given the opportunity to exchange experiences and review current practices in dealing with alcoholism.

Lecturers were drawn from the Yale University Faculty, from other institutions

Medical & Industrial Forum on Alcohol Studies, 1956

and from industry. The lecture program was organized to present a systematic background of understanding, necessary before evaluation of more specialized problems could be explored in further seminars. Three special seminars were conducted during one day of the conference: A 'Medical Seminar', chaired by Dr. David M. Bell, gave consideration to methods of dealing with the alcoholic patient; a 'Nursing Seminar', in which an examination was made of the role in relations to treatment for alcoholism, chaired by Miss G. Golder, R.N.; and an 'Industrial Seminar', which centered around the problems of alcoholism as it affects business, industry and labour, chaired by R.M. Henderson.

Held in the heart of the Canadian Rockies, the conference provided ample opportunity for sight seeing and recreational activities. It is interesting to note that many of the attendees at this conference inquired into, and some immediately made reservations for, conferences to accommodate their own special areas of interest for their colleagues.

Special greetings were brought to the conference by Dr. E.P. Scarlett, Chancellor, University of Alberta; Dr. J. Donovan Ross, M.L.A, President of Alcoholism Foundation of Alberta; F.L. Gainer, M.L.A.; and K.A. Pugh, Chairman, Board of Industrial Relations, Province of Alberta.

It was probably the most eventful and successful conference of those held to date, as it assembled together a remarkable and renowned group of both lecturers and participants. Of course, being held in Banff was in itself a thrilling experience.

Dr. Marvin Block, of Buffalo, New York (later a President/Chairman of the American Medical Association Committee on Alcoholism) perhaps said it better, when on behalf of all lecturers and attendees, he expressed the feeling that these meetings 'were the best' he had ever attended. Brinkley Smithers, President of the Christopher D. Smithers Foundation, commented it was outstanding. In any event it was a meaningful and enjoyable conference for all of us.

The school was noteworthy, because many of the attendees, outside of those working in the field, had, in the general discussions, begun to say back to us what we had been saying to them over the past several years!

It was gratifying to all the lecturers to feel a sense of progress in the growing awareness and understanding evidenced. The recognition and acceptance of alcoholism as a 'treatable illness', with a growing willingness to look at the magnitude and seriousness of the problems of alcohol per se, perhaps indicate that this public health issue was indeed coming of age.

PERSONNEL DEVELOPMENT. During this period, we actively promoted staff development by encouraging their participation and leadership in regional workshops and professional conferences.

Personnel were given the opportunity of continuing their professional education. They were further encouraged to attend schools of alcohol studies at the Universities of Utah and Toronto, the Centre of Alcohol Studies at Yale and later at Rutgers University, as well as, the continuance of academic training locally at the University of Alberta.

To attract future personnel and to promote greater awareness among students and employees in hospitals and agencies the Foundation established a Bursary and Grant Program, wherein we sent a selected number of people to schools on alcohol studies and/or helped with training or special courses. In this way we also acquired several excellent part time employees who worked in the clinics or completed studies in other facilities.

Consideration was given to expanding available counselling and referral services to the communities of Grande Prairie, Red Deer, Lethbridge and Medicine Hat. The Peace River area, though largely in British Columbia, considered itself closer to Alberta and both requested and used our services.

1957

In 1957 we initiated what was to become an important avenue of earlier care. In addition to providing the staff to work with hospitals and institutions, we made especially selected and trained nurse/counsellors available to hospitals, clinics and other resources to approach and interact with patients who indicated some evidence of alcohol dependency. A supervisory nurse initiated this service at the Royal Alexandria, Misericordia, University and General Hospitals. The first such 'Early Intervention Programming', it provided patients suffering from other ills who also were afflicted with alcoholism, an opportunity of earlier recovery. Importantly too, it helped to attract, by participation in actual recoveries, the added education and assistance of more professional people. It is interesting to report that it also brought recognition and recovery to some of those staff in other resources!

At this stage of the Foundation's development, it was expedient to balance future programming with recognized current needs and available funds. We decided it was time to create 'Travelling Service Units' to better serve remote geographic areas of Alberta; to implement a wider range of community conferences and seminars; to make advisory personnel available to other facilities and institutions wishing to create or participate in effective programming; to increase the number of orientation courses offered to various professional disciplines; and to initiate, finally, the development of a concerted, province-wide research program.

Early in development of treatment services, we had initiated a means of recording by code, and differentiating between, simple phone calls, applicants for "temporary" assistance and requests from patients and their families who as bonafide "cases" sought and accepted both immediate care and continued treatment. We established the titles of Inquiries, Applicants and Cases, for these three groups, and when circumstances so decreed we advanced patients accordingly. In this way we were able to code telephone calls, visits and full sessions. It made for an easy process of determining an actual count of ongoing services; while evaluating what we were accomplishing and how quickly, we were moving a simple 'inquiry' for information into patient 'cases' in treatment status and on the way to recovery. Interestingly enough I still follow this procedure in all my personal calls and meetings.

The similar coding of education activities provided vital information on demand and ample evidence of the Foundation's ongoing commitment in this area.

Despite the continuing shortage of funds, the Foundation was able to publish "Medical Treatment of the Alcoholic", a booklet for distribution at a Canadian Medical Association meeting in Edmonton, and a selected companion bibliography. And in spite of cutbacks in conference activity, the Foundation did participate in a number of significant meetings and continued to provide services in the area of public talks, audio-visual aids and advisory services.

THE CANADIAN COUNCIL ON ALCOHOLISM (the national body of provincial program directors) was promoting information exchange and sharing program planning with new and developing provincial programs. Work was underway to formalize the Council and its role. Its objectives included:

1. The development of policy and procedures for new programs and facilitating cooperation among existing programs;
2. The development of common activities and goals among activated provincial programs, at all levels of government, and among various national organizations and business, industry and labour;
3. The acquisition of financial support from both the public and private sectors.

In this spirit, Canadian efforts were to be coordinated with state programs in the U.S. through the North American Association of Alcoholism Programs, on whose executive I served as Vice-President and as Chairman of the Organization Committee.

As a result of discussions held among the Provincial Directors during a meeting of the then Canadian Council on Alcoholism, it was agreed that those with the funds and personnel to do so, would mutually develop publications, films and any other materials that might be conducive to furthering more widespread and public and professional information and perform remedial studies of pertinent local data on the incidence and cost of alcoholism; all of which could be used by all Provincial Programs in Canada simply by having their own names imprinted thereon. Foundation literature was already being copied and used by programs in Canada, the United States, England and New Zealand.

H. David Archibald, Director of the Alcoholism Research Foundation of Ontario, and I had considered and planned the development of a Canadian film. Our respective boards and governments on request approved our plans. Mr. Archibald appointed his Education Director, Bob Robinson to prepare such a film. He wrote the script, which I helped edit. Later he got the additional assistance of Hollywood personnel. The Foundation assisted with funding for the project.

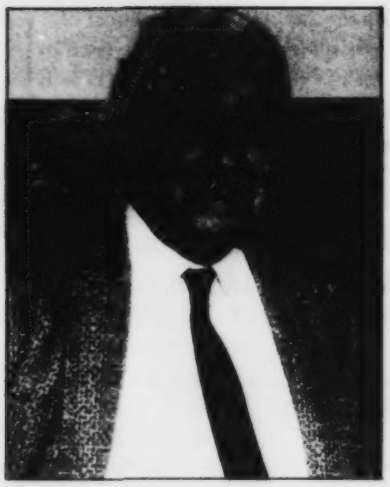
The film "It's Best to Know" was widely shown and well received by national television stations.

Those initial times demanded more than local involvement, and because of my own participation in national and international organizations we were able to keep abreast of, and interested in, the national and international scene. As history unfolded, the Foundation, and later AADAC, continued to play an ever wider role in the field of alcohol studies.

1958

Treatment services in 1958 had indeed increased dramatically: over five hundred new admissions; counsellor interviews up by 13%; more individual and group therapy sessions than the previous year; a steadily increasing recovery ratio among "Case Status" patients. The majority of referrals, which continued to be from A.A. and medical services, rose to 18% of the total in 1958; with referrals from publicity and from "friends" also on the increase.

Despite generous Provincial Government grants, funding still posed problems - even though there were increasing and intensified demands for new



Dr. E.M. "Bunky" Jellinek

treatment and training facilities from other communities in the Province. As well, we needed to assess present and on-going activities more thoroughly. Fortunately the Board approved a calculated deficit which enabled us to begin offering those services on a pilot basis.

We provided seminars for other community agencies, conducted orientation sessions for Army personnel and their Section Officers from B.C. and Alberta, arranged a series of industrial workshops and orientation sessions, provided speakers for training sessions and literature for such organizations as the Alberta Safety Council, Edmonton Personnel Association, the R.C.M.P. and City of Edmonton Police, to supervisory/institutional personnel (which was commenced in 1956), medical interns and students. We also addressed the growing number of requests from churches and schools who strongly supported efforts to expand alcohol education among students.

We also strengthened our own Information Services and liaisons with various community organizations, including the Canadian Mental Health Association and the Canadian Association of Social Workers.

The research planning for the year focused on obtaining funding and securing experienced personnel. We undertook such practical tasks as preparing the Five Year Review and completing an analysis entitled "Beverage Alcohol Consumption Trends in Alberta 1946-1955" (a document which served as a base for further studies).

In his annual report message, President Keays had reported with appropriate pride, that plans to obtain the consultant services of Dr. E.M. Jellinek had received both Board and Government approval and Dr. Jellinek's acceptance.

1959

The stellar event of 1959 began on August 1st with the arrival in Edmonton of **DR. ELVIN MORTON 'BUNKY' JELLINEK.** Dr. Jellinek, a biometrician, was at one time Associate Director of Neuro-Endocrine Research at Boston's Worcester Street Hospital and author of "Alcohol Addiction and Chronic Alcoholism". He had been involved in the field of alcohol studies since the early thirties.

In 1939, funded by a $25,000 Carnegie Foundation grant, Dr. Jellinek had developed a competent method of estimating the number of alcoholics in the general population of the United States and other countries. Invited in 1940 by Dr. Howard Haggard to join Yale's prestigious Laboratory of Applied Physiology, he took his entire staff with him. There he began and directed the development of the renowned 'Centre of Alcohol Studies'.

Of major and comparable importance

to Dr. Jellinek's "Estimation Formula" was his development of the "Phases in the Drinking History of Alcoholics". This clinical and educational tool was the result of Dr. Jellinek's profound belief that 'alcoholism was indeed a disease or illness and as such could be treated successfully'.

Further research confirmed his belief in the illness or disease concept, which more than any other factor brought respectability to the field of Alcohol Studies; and a beginning measure of personal dignity to the cause of those afflicted with the disease. Small wonder then, the suggestion was made to call alcoholism "Jellinek's Disease".

From 1941 until 1950 Dr. Jellinek, as a Director of the Centre on Alcohol Studies, started to replace former rigid anti-alcohol measures and their concomitant negative moralistic and punitive approaches, with a more aware and caring approach. The world took notice and sought Jellinek's leadership. In 1951 he accepted a World Health Organization invitation to take his commitment to an international level.

So, when Dr. Jellinek accepted an appointment to the Foundation staff, he brought with him an international reputation and credibility; and as my mentor these many years past, his friendship.

In Alberta he assumed the position of Consultant on Programming to the Alcoholism Foundation of Alberta. The University of Alberta also announced his appointment to the University's Faculty of Medicine as Honorary Clinical Professor of Psychiatry where he was given an office and full professorship privileges.

During his stay in Edmonton Dr. Jellinek completed his book "The Disease Concept of Alcoholism" and a study entitled "Government Programs on Alcoholism - A Review of Activities in Some Foreign Countries". He also wrote a number of papers for other journals including "Goals of Alcoholism Programming", an address to the 7th Annual Membership and Board Meeting of the Foundation on May 18, 1960.

Considered a classic, it has had wide distribution and is still quite relevant. This international review was a companion piece to "A Survey of Organizations In The Field Of Alcoholism, Canada, 1960", which appeared in two Canadian medical journals. It reported on treatment, training, research and other aspects of the Canadian scene.

Dr. Jellinek made many other contributions to the general move to achieve awareness, knowledge and understanding of alcoholism as a treatable illness. He lectured at the University of Alberta, addressed medical and non-medical associations and held many sessions, formal and informal, with students of the medical and social sciences faculties and, of course, with Foundation staff.

Dr. Jellinek left Edmonton in December 1960 to go to Stanford University where, as a member of the Co-operative Commission on the Study of Alcoholism, he was to be the Director of a large project and staff. He was awarded a grant of $250,000.00 from the United States National Institute of Mental Health to develop an **"ENCYCLOPEDIA ON THE PROBLEMS OF ALCOHOL"**, a project that he, and only he, had the knowledge, the experience, the understanding and the broad awareness to conceive and complete.

Less than a year later, on October 22, 1961 came the shocking news of Dr Jellinek's sudden death. He was overcome by a massive heart attack while seated at his desk at Stanford, working on his encyclopedia project.

PROGRAM EXPANSION. Cognizant of our responsibility to continue promoting interest and understanding, professional training and the flow of public information, we established preventive programs and activities in Medicine Hat and Lethbridge. These communities, the second and third largest in the province, had done considerable groundwork by holding orientation seminars to stimulate interest and awareness.

Volume 1 No. 1 of the Foundation periodical **"PROGRESS"**, a quarterly

journal was released in June and continued through the year 1963 when unfortunately, along with other significant facets of educational services, it was discontinued.

"PROGRESS" was noteworthy for its many excellent papers by members of staff and outside authorities, for its review of and reporting on Foundation services and for the many historical highlights it carried on the founding, progress and activities of this Alberta program. It is an excellent source of archival and other information.

The Research Department initiated and joined other department personnel in carrying out several internal assessments, continued the study 'Consumption Trends in Alberta', and initiated detailed planning for such future projects as: evaluating the 'Impact of Educational and Treatment Programs on Small Communities'; studying 'The Distribution of Deaths from Cirrhosis of the Liver'; and doing a study of the 'Relationship Between Alcoholism and Tuberculosis'.

UNITED CHURCH HOSTELS. We knew from the success of the Belmont Centre and Hostel that 'Interim Halfway Houses', which provide the necessary 'live in care' while the patient is still undergoing treatment and counselling dramatically improved the success rate of recoveries and the well being of patients. Such services were beyond the Foundation's scope, however, because of limitations of funding and personnel. I also felt that this would be an ideal project for an outside sponsor such as an established church or religious group to found and support.

The minister of the Knox United Church in Edmonton, Reverend Aubrey Edworthy, had become one of the early converts of Dr. Ross's effort to develop programming in Alberta and had also attended the Centre of Alcohol Studies at Yale. He was interested in developing a private Half Way House for those homeless men wishing to find recovery and sobriety. Following discussions in 1958-59, with the Reverend Muchmore, Secretary of the United Church of Canada in Toronto, the first United Church Hostel opened in Edmonton in the late fall of 1959. It had eleven beds, a full time director, who was a recovered alcoholic, a cook and a part-time housekeeper.

The hostel was an immediate success and soon outgrew its location. So a larger house, able to accommodate 16 men, was purchased in 1964. The name was then changed to Jellinek House, as a tribute to Dr. Jellinek and his contribution to the field of alcoholism treatment. The hostel was also re-organized and incorporated as the Jellinek Society under the Societies Act with a governing body of 12 directors.

1960

THE NORTH AMERICAN ASSOCIATION OF ALCOHOLISM PROGRAMS (NAAAP-now ADPA). A major highlight in 1960 was the hosting by the Foundation of the Annual Meeting of the North American Association of Alcoholism Programs (NAAAP). The conference sessions held at the Banff School of Fine Arts in Banff, Alberta are still considered to have been among the finest ever held by the Association. As host and Chairman of the Conference, I had the expertise and assistance of Dr. E.M. Jellinek, Consultant on Programming, Robert W. Jones, our Associate Director of Research, our newest staff member Dr. Milton A. Maxwell and of course Allon W. Fraser, our Associate Director of Treatment.

We based the theme and objective of the Conference on the 'Problems of Administrating Programming'. We sent out questionnaires to potential attendees beforehand for their views and we invited the Officers and Board Members of every known organization in any way involved with the field of alcohol studies, 'wet' and 'dry' interests, as well as, the leaders of business, industry and labour in Employee Assistance Programs.

Dr. Jellinek focused on a more positive approach to programming. He suggested the purpose of programming 'should not be to separate the many functions of a total service in an overall approach, but rather, programming must be directed to better achieve the co-ordination of a cooperative

approach to all of the many facets of service as and into one program'. The very concept being implemented by the Foundation.

To achieve our purpose we also invited Bill Wilson, co-founder of Alcoholics Anonymous; Centre of Alcohol Studies personnel, Drs. Selden Bacon and Leon A. Greenberg along with Messrs Raymond G. McCarthy and Ralph M. Hendersen; Marty Mann, Founder/Director of the National Council on Alcoholism (NCA); Dr. Gordon Bell, Medical Director of The Bell Clinic; Dr. H. David Archibald, Executive Director of the Alcoholism Research Foundation of Ontario; Lynn B. Carroll, Director of the Hazelden Foundation; and others with similar responsibilities. It made for a wonderful conference.

Of that landmark conference Marty Mann later wrote "...the content was first-rate, and the promise for the future ... was very great indeed." A.A. Co-Founder Bill Wilson "rejoiced" on his having been able to take part in the conference and maintained that he "gained a really panoramic view of the entire field (of alcohol studies) as no other place could have afforded", and hoped "to put this to good use for A.A. - and indeed for all of us."

That Conference resulted in the several major organizations in the field to begin solving matters of mutual concern. That fall NCA Officers met in the offices of A.A. and separately with Officers of NAAAP, and so it went.

This was the year, that we began to discuss **'PREVENTION'** in a much more positive way. Mind you, there were doubts!

Let me tell you this story about when Dr. Milton Maxwell agreed to spend a years sabbatical with us. Drs. Jellinek, Bob Jones and myself in discussing his position and title agreed that it was time we had the courage of our convictions and so we decided to title Dr. Maxwell the Associate Director of Preventive Services. Imagine our chagrin when he refused to be so known as he feared he might become the laughing stock of his colleagues for daring to even think about the prevention of alcoholism!

In 1960 the Foundation saw 462 new patients, of whom 54 were women; conducted 7,000 interviews; 330 group therapy sessions; gave 285 public talks; held meetings and seminars attended by approximately 11,000 people; and distributed over 14,000 pieces of literature and 28,000 periodicals. We completed studies pertaining to 'Follow-Up Procedures', 'Contributions to the Foundation' and the 'Organizational Charting of Services'. Other continuing studies dealt with the 'Evaluation of the Services Provided to Small Communities', 'Demographic Breakdowns of Patients', 'Province-Wide Drinking Patterns' and 'Mortality Distributions Relating to Cirrhosis'.

President D.S. MacDonald noted in the annual report that Foundation staff had grown to more than forty people, all engaged in the provision of adequate services. Our ability to continue to grow, for the most part, remained dependent upon the largesse of the Provincial Government, though grants were in the offing from the United Funds in both Edmonton and Calgary, together with a variety of 'membership' and other donations.

Progress was made in Community Services, achieved chiefly through the vehicle of 'Community Advisory Committees' established in each of the four centres of Lethbridge, Medicine Hat, Grand Prairie and Peace River. These committees, composed of interested citizens and members from a variety of backgrounds, planned a variety of activities including: seminars for medical personnel and clergymen, health, social and welfare workers, nurses and business, industry and labour personnel.

The consultation services established in Lethbridge and Medicine Hat were broadened and also initiated in Grand Prairie. Serviced by personnel from Edmonton, these activities resulted in the

achievement of an early Foundation goal: the development and availability of growing numbers of well informed persons able to provide leadership in each community. Thus awareness, knowledge and understanding of the problems of alcohol and the illness alcoholism, is achieved and strengthened in each community.

1961

1961 was a banner year in many respects, there were meaningful advances and developments in treatment, education and research, which were reflected as significant contributions in the completed study of "The Distribution of Alcoholism Rates in Alberta."

With government approval and support the Edmonton Centre facilities were expanded considerably. A relatively new building at 9929 - 103rd Street, the former headquarters of the Alberta Teachers Association, was purchased. It became the headquarters for all provincial administrative, educational and research departments. The original residence was refurbished to serve solely as the Edmonton area Out-Patient Clinic.

The activity reports for the year make it clear the Foundation was not standing still! We opened 631 new patient files and held over 12,300 counselling treatment interviews, group sessions and patient-based conferences. More than a third of the total patient group became "patient cases", and our recovery trend continued high, with more than 56% achieving recovery and sobriety.

Because these efforts reaped rewards beyond our expectations, we further developed our publications program. **"PROGRESS"**, the Foundation's quarterly journal, grew to a circulation of 6000.

We retained a librarian and created new and improved quarters for our growing library. It proved to be of benefit to staff, students, researchers, patients and their families, and the personnel of other agencies. We also created four sets of Travelling Library Collections, which we circulated to the local libraries of several communities. This worked so well we planned to continue and extend the program the next year.

One serious problem we faced on an increasing basis, was a serious shortage of what I termed "capably trained and vocationally interested" workers in this field. Simply put, it was becoming harder to find and keep competent people. Fortunately, as previously, we were able to retain the advice and personal interest of many noted professional consultants and staff, even after they had returned to or "moved on" to other higher positions. In order to address this problem in a meaningful way, we instigated a plan to attract and train student professionals from relevant university faculties during summers on part-time projects. We continued to support 'Advanced Training' for present and potential staff. Alberta's Department of Health co-operated by providing supporting bursaries.

With alcoholism programming growing and advancing rapidly everywhere, it was gratifying to report the continuing involvement and progress of Foundation personnel and myself in the on going activities of the proposed Canadian Foundation on Alcoholism, the North American Association of Alcoholism Programs, the Co-operative Commission on Alcoholism, the European Institute for the Prevention and Treatment of Alcoholism and other like groups.

Yes, this had indeed been a banner year. One for which the Provincial Government, and our Executive, Board and Staff could be justly proud. We all knew and gratefully felt the gratifications of achievement.

1962

1962 was a year of reorganization to meet changing demands. The Foundation was divided into two essential branches of "Treatment" and "Preventive" services.

"Treatment Services" would include all the various individual, family and group

The Foundation Executive Committee, 1962

counselling services and the medical, social and other related care services for all patients. It was our hope and continuing plan to better handle the increasing patient load further, by integrating even earlier and more completely the Foundation's treatment concept for the alcoholic within the structure of the total family and community. Thus, treatment must be concerned not only with the patient, immediately, but in broader ways with spouse and children, employers, doctors, clergymen, social agencies - everyone meaningful to the patient's recovery and sobriety as a whole person, in a whole family and community.

Preventive Services would provide an 'Overall Approach' to the spreading of knowledge, awareness and understanding in addressing the areas of public information, professional orientation, scholastic education for students and teachers, professional training and orientation programs, community services developments, publications, establishment of libraries, initiation of research and program evaluation, and the like; services we were already providing - but henceforth, even more so!

We also divided the province into two areas, based on the major centres and clinics in Edmonton and Calgary. We had learned that, for now, we could not economically provide treatment services in every small community (though we could and would continue to provide educational opportunities) and that people in those smaller communities would seek help in Edmonton or Calgary once their awareness of the problem had been carried to them on their home ground.

During 1962 the Foundation continued it's involvement with the Canadian Council on Alcoholism and the North American Association on Alcohol Problems, the International Council on Alcohol and Addictions (ICAA) and others. Future plans included the maintenance of these liaisons, and the continuing expansion of the Foundation's physical facilities and programs in accordance with the newly adopted organization structure.

In the mid-year, under a grant from the Christopher D. Smithers Foundation, my late wife, Jane and I accompanied my friends, R. Brinkley Smithers and his wife to an ICAA meeting in Warsaw, Poland. En route we attended a first Employment Assistance Program at the newly established Eastman Kodak Plant in Paris, where we were joined by Archer Tongue, Director of the ICAA. While we all spoke, Mr. Brinkley Smithers gave the key-note address. It was stimulating to see some of the North American influence begin to rub off in other countries.

Following Paris, we journeyed by train to Warsaw, where I presented a paper on the Foundation's Program and made several talks. It was quite an experience.

The Warsaw Conference was extraordinary in many ways. Our habit of using first names made quite an impression. Brinkley Smithers' generosity and friendliness caused us to be treated with the utmost kindness, warmth and respect.

With the help of one of our hosts, Dr. Tadeusz Kulisiewicz and an A.A. friend, we helped form an A.A. group in the doctor's office, for which he had it fitted out informally and comfortably. Dr. Ted, a Colonel, had returned following the war to Warsaw with the army, where he was made responsible for activities in the field of alcohol studies. They had enforced care services and central detoxication units; established clinics and care programs which serviced referrals from other agencies, as well as, programs for business, industry, labour and Government personnel.

Following the Conference in Warsaw we returned by train to Amsterdam where we were met by Dr. Hank Krauweel, then the Director of Programming in Holland. We visited a clinic established 150 years ago in a castle by a nobleman for his alcoholic son. I also met the staff of the units established throughout Holland by Dr. Krauweel and for the first time heard of non-alcoholic beverage wine.

From Amsterdam we journeyed to London via boat and train where we met Dr. John Havard, Secretary of the British Medical Association to arrange for me to meet with government and medical officials and political leaders, as well as several members of Alcoholics Anonymous. A group then developing a National Council on Alcoholism in the British Isles was attempting to develop similar activities to those of the National Council in the United States, throughout England, Scotland, Ireland and Wales.

My visits there were to assist Dr. Havard in achieving the interest and support of his association and colleagues; others I met to establish a conference to be co-sponsored by the International Council on Alcoholism and Addictions and the British Medical Association. Another individual who was most helpful was Richard Percival, then heading National Council interests.

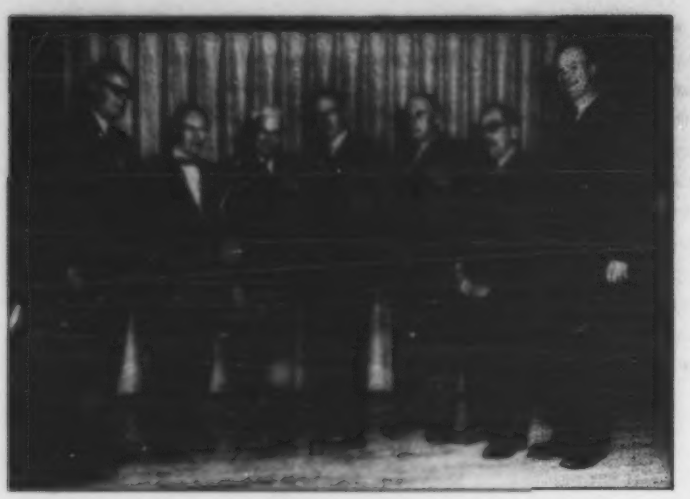
Our meetings and sessions were all very favorable, resulting in an international conference being sponsored by the ICAA and the British Medical Association through Dr. John Havard, in 1964. Another key figure and significant helper, Dr. Max Glatt, a London psychiatrist, long active in the field of alcohol studies and the Medical Director of a London hospital, took us to visit several of the facilities in which he was interested enabling us to garner support for the International Conference.

Though I was unable to attend the 1964 meeting in London, all reports about it were most encouraging. The ice had been broken and the British Isles were on their way to becoming another nation actively pursuing the development of programming to better cope with the illness alcoholism. The Foundation and I received considerable commendations for our assistance. Dr. (Ted) Kulisiewicz and I remain friends to this day.

1963

1963 was the 10th anniversary of active programming for the Foundation. So, in place of an annual report it was my recommendation, approved by the Executive and Board, to release a special 10th Anniversary Review for the period between 1953 and the close of 1963. Therefore, it is a privilege and pleasure to reproduce for this History selected sections of the anniversary issue **"TEN YEARS OF SERVICE 1953 - 1963"**. Given what was to follow it is also a fitting way to "conclude" this period in history.

EXECUTIVE DIRECTOR'S MESSAGE.
The Foundation has been rich in the blessings that it has received, essentially because it has been especially fortunate in the quality and numbers of those interested in its support. Since inception, the Boards,



10th Anniversary - Special Guest, Hon. E.C. Manning, (centre)

Executive Committees and Officers have served individually and collectively as a splendid cast on this stage of a new social service. Of those who helped to start this work, many have given continuing guidance. Vital, too, to this unfolding story of growth and progress year by year, has been the strength, generous support and understanding co-operation from individuals of both levels of government within the Province - municipal and (especially) provincial.

Some have provided a working body of collaterals from among other agencies, health and welfare services, business and industry, and the community at large. Each time special needs have risen, a devoted few have come to the fore, contributing leadership, stimulation and organizing abilities. Former patients too have quietly served in many capacities ever since our inception. Radio, television, newspapers and house organs have all added their bit to help to promote this very favorable climate in which we operate.

While the personal aspect of treatment must remain confidential, we may say that a large number of our patients have recovered, with a goodly number of others working towards recovery, and these individual patients have helped many times their own number by removing fear and helplessness from their lives. Over 20% of our patient referrals now come from former patients. Referrals from Alberta's employers also represent a contribution to the economy of your Province that is beyond estimate.

This perhaps is one of the only areas on the North American continent which can honestly state that an alcoholic can be treated as an alcoholic in his own community, by his own doctor, in his own hospital, with the co-operation of most of his own people and associates, without shame, embarrassment or restriction, if he or she wishes to seek that help. The barriers of old that did exist are disappearing little by little - however, we must be ever aware of all that still needs to be done.

Alcoholism is a long-standing problem, still charged with emotion, ignorance, fear and misinformation, compounded by years of prejudice and controversy. Though we have achieved, as a result of the efforts of this past decade, a beginning intellectual acceptance of alcoholism as a treatable illness, we still have far to go and much to do to establish and maintain an emotional acceptance of the problem as a treatable illness, and not as a condition of the will or morals.

How then, does one adequately reflect on the accomplishments of years past? One doesn't! All one may really do, is face the future, thank our Higher Power for blessings received, and pray for the strength and the continued support of all concerned for the job that lies ahead.

TRENDS. It is inevitable, as both individual and organizational experience proves, that, when services are rendered responsibilities are created for the agent of such services. In its first decade of public service, The Alcoholism Foundation of Alberta has initiated and established various programs and opened several doors. Insofar as these have proved effective, valuable and wanted, we are faced with the responsibility of maintaining both their continuity and guiding their development and growth.

Treatment activities must continue to expand to meet a growing patient intake volume. This calls for both staff and physical expansion. The need for an improved residence facility to serve as a reception centre for province-wide referrals is mounting, and a demonstration project will likely be established in Edmonton. The development of a farm set-up is also indicated for long-term care for people better suited to this type of environment than to jails and other institutions. More adequate facilities specifically designed to meet the needs of female patients are also needed.

Education and prevention experience indicates a need for greater emphasis on work with 'problem drinkers', that is, potential alcoholics. In line with this, a great deal more attention must be given to the wide variety of social problems related to alcohol abuse and addiction. Crime, delinquency, welfare casework, traffic accidents, etc. are some of the focal points of future educational and preventive goals.

Research must, in many instances, be the forerunner of these developments, and it must continue to provide a continuity of parallel services to requisite areas of treatment and education. And from the purely scientific point of view, the role of research is also vitally concerned with learning new, pertinent and useful facts about alcohol use and alcohol effects in every social and economic milieu around us.

Set in the dynamics of a growing and evolving society, these are tasks which cannot be dated, completed and forgotten. They must go on.

EPILOGUE. Looking back helps confirm our identity and experience, but our goals must remain in the future. The Alcoholism Foundation of Alberta had no precedents, no map to follow here. We are blazing new trails to higher ground. We are learning, we are becoming more aware, more knowledgeable, more understanding. We have tried new approaches and ventured in new areas. Many of the things we did have proved effective, have succeeded and been enlarged upon. Others have shown that they could not be maintained without disproportionate subsidies in time, effort and money. We have learned from success and error alike. Above all, we have remained flexible, and our self-respect is in no small measure based on the courage to innovate, to evaluate, to change and hence to grow.

Paradoxically, we have found that it is possible to be right in the principle and wrong in the realization. Several of our regional establishments and activities have provided clear examples of this. Consequently, while the idea of extending service in an area of need remains right in principle, establishing local services in several smaller Alberta centers proved premature. These areas now come under our provincial community services on an extension basis.

Seen in its appalling entirety, the alcohol problem could easily seem insuperable. Add to our own resources the work of AA, the hospitals, the Attorney General's Departments, the United Church Lodges, the Marian Centre, the Salvation Army, the John Howard Society, various welfare and correctional institutions - and it still appears that 90 per cent of Alberta's alcoholic population remains untreated.

Why? Who's to blame? The answer lies more in the nature of man than in the chemistry of alcohol. Alcohol means something to most of us, everything to some of us. Alcohol only makes alcoholism possible; individual and social factor make alcoholics. The alcoholic is a member of

the human race, and when we look at him we are also looking at ourselves. That is never easy! Today, armed with little more than a scant 20 years accumulation of scientific knowledge, and in an atmosphere still powerfully charged with emotion and deep-rooted prejudice, we confront a complex sociological problem that has troubled the millennia.

But we have splendid allies in the established sciences: medicine, psychology, biology, pharmacology, sociology, etc., and we are fortunate in the strong support of our Provincial Government, in an atmosphere of warm and uncomplicated direct communication. We therefore pledge ourselves to the future with confidence: to grow in stature through the acquisition of advancing knowledge, to recognize shortcomings through constant and objective internal evaluation and analyses, and to have faith in our collective inter-disciplinary ability to meet these challenges. This we see as the duty, humility and pride of service of this organization in its dedication to the health and happiness of the people of Alberta.

A CHANGE IN VENUE

1964 began as busily and successfully as ever. Of course the desire to expand and improve existing programs and facilities, with the perennial problems of funding and personnel, remained constant concerns.

The Foundation had truly 'Come of Age'! Like other well established community organizations we now encountered issues of possible staff unionization, with ever mounting budgets came intimations that such vast sums of money required government controls over expenditures and personnel, and, of course, we experienced the normal growth conflicts among the more vociferous members of the Foundation's Staff and Board.

The departure of two key employees - partially accelerated by these current issues - left serious gaps in our personnel roster. The pending appointment of Jim McInerney, himself a recovered alcoholic, as Supervisor of the Edmonton Treatment Services, brought the most serious of the developing issues to a head.

Although a well respected, educated, experienced and competent individual, Jim, an American, lacked a Canadian degree. Thus we found ourselves embroiled in the issue of 'just who' should be filling both the vacancies and the new positions created by the extension of Foundation services.

To date, we had not had to openly deal with this deeply rooted conflict which was evolving between professionals and recovered alcoholics as a result of the growing number of alcoholism care services being developed. Not too many years earlier, alcoholics were largely ignored, receiving very little if any, help from members of the medical and social science professions. Most hospitals, clinics and professionals were unable or unwilling to offer treatment - the very reason for the Foundation's existence.

As both the private and public sectors developed respected and successful treatment programs lucrative and prestigious positions emerged. Soon professionals became resentful and even disdainful of the recovered alcoholics who had initiated and held the jobs involved, considering them to be untrained and inappropriate. Conversely, the recovered alcoholics, most of whom were members of Alcoholics Anonymous, deeply resented the professionals, who having ignored them in the past, were now after their jobs!

As a recovered alcoholic and pioneer in the field, this was naturally a difficult time for me. In hindsight, I realize I should have taken a more positive approach and gone immediately to the Government and the Board for their assistance in determining a proper policy and procedure for us to follow.

To me the planning, hopes, dreams and success of the Foundation were paramount; no matter what conflicts arose, they must in no way affect the reputation and operation of the Foundation. Unfortunately, by the time I did come to grips with the issue, several other people had become involved in the disagreement.

Dr. Ross, then Minister of Health and Honorary Chairman of the Foundation, deemed it best to deal with the problems, concerns and criticisms by accepting a plan to place the Foundation under the jurisdiction of the Department of Health with the monetary and personnel regulations - and restrictions. Following this decision - which he made without my own or, I believe, the Board's knowledge - I met with Dr. Ross on August 10, 1964.

I argued vehemently in favour of retaining the Foundation as originally constituted beyond government control and maintaining a balanced profile of recovered alcoholics on staff. Unable to gain any concessions and unwilling to budge myself, we agreed to disagree. I knew at that point I must resign.

On August 20, 1964, the Foundation Executive Committee met and due to the current situation accepted my offer of resignation. This decision was, after much debate, accepted by the full Board at its October 16, 1964, meeting. At this time there was also considerable discussion over the Foundations relationship to Government. It was agreed that President Keays would serve as acting Executive Director until a replacement could be found and the Government's intentions were made clear. Several other resignations were also accepted.

The remainder of 1964, following my resignation and leave August 20th without advance arrangements of any kind, began a period of miscommunication and disagreement. Relationships and careers were unquestionably damaged and the Foundation lost several key members. Momentum was halted and many important services were terminated, among them training programs for medical interns, in-service training for nurses, advanced training for Foundation staff and several community programs.

The lack of leadership and positive information created further confusion and turmoil. The Board, lacking regular contact with Dr. Ross, were equally without direction. Their very integrity questioned, they ceased to function as the co-operative and effective body they had always been. Messrs. Keays and Stewart and, of course, Dr. Ross himself, knowing the work and contributions of the stalwart business and community leaders on the board, had to accept the full responsibility for the dissension and destruction that took place.

Though the President had agreed to serve as Acting Executive Director there were several on site temporary replacements including Effie Cuthbertson, Gordon Stephenson, Arthur McMullan and others who served while a new Administrator was being sought. Staff tried as valiantly as possible to maintain services though naturally a good many educational and other functions were cut back or dropped entirely. Patient care for the most part remained the most stable service rendered.

On January 21, 1965, Dr. Ross officially announced to a special Board of Directors' meeting that the Alberta Government had decided to enter directly into the field of alcoholism rehabilitation through the Department of Health on April 1, 1965.

The reasoning he presented to the Board was that in view of the vast sums required to effectively run the various programs, "the feeling ... was that a private foundation would have more difficulty in limiting its field of service to meet a certain finite budget than the Government would have."

While it was the Government's intention to retain current Foundation staff, he was not assured that he would be able to obtain the funds "that would be required to carry on the program at its present level". After considerable discussion, Dr. Ross suggested that it would appear essential to assure all of the present staff that they would be given employment for at least six months after April 1st while 'matters' were under review.

Following considerable discussion and some dissension, it was finally agreed to call a Special General Meeting of the membership to resolve the affairs of the Foundation. It was also agreed to seek a new temporary Administrator and to meet with staff and assist in resolving their positions.

The Special General Meeting was held

on Thursday February 4, 1965. Only twenty-nine general members, board and staff were in attendance. At the meeting S. Keays, President and Acting Executive Director, announced the purpose of the meeting was to present a board resolution for their approval. It read:

> *"Whereas the government of the Province of Alberta has advised the Board of the Alcoholism Foundation of Alberta that a provincial program of alcoholism rehabilitation will now come under the direction of the Department of Health and whereas the total provincial program may then be extended from time to time by the Government in a coordinated manner your Board recommends to the members of the Foundation that the affairs of the Alcoholism Foundation of Alberta be terminated not later than April 1, 1965, and that its assets and liabilities at the date of termination be transferred to the Government of the Province of Alberta."*

Dr. Ross then presented a brief history of the Foundation and attempted to explain why the Department of Health was taking control. Again Dr. Ross's justifications were financial ones although he did provide the following: "...I can frankly and very definitely say that there is no question of the manner in which the Foundation, through its directors has carried on the affairs of the Foundation that has raised criticism, nor that there has been any question of the improper utilization of the monies made available from the public treasury...". He cited possible public criticism about "substantial funds being provided without the controls that the public normally expect the Government to have available to them."

Following a very lengthy and full discussion among those present, members were asked to approve the board's resolution, which they did, by a special resolution which reads:

Be it resolved as a Special Resolution that,

1. The Alcoholism Foundation of Alberta be wound up voluntarily pursuant to the provisions of The Societies Act of the Province of Alberta; and
2. That Alan H. Nash of Edmonton, Alberta, be and he is hereby appointed liquidator of the estate and effects of the said Foundation for the purpose of winding-up its affairs; and
3. In addition to and not by way of limitation upon the powers otherwise possessed by him, the said liquidator be and he is hereby authorized to transfer to the Government of the Province of Alberta all or any of the assets and liabilities of the said Foundation.

There followed an additional resolution proposed by Dr. William Gladstone who moved that:

> *"We vote a very sincere vote of thanks to Dr. Ross, Mr. Manning and the entire Cabinet for the excellent facilities with which they have provided this Foundation in the past, and the same to Mr. George Strachan and his wife for their many years of personal service extended as Director of this Foundation."*

In closing, a member, Mr. McCormack, requested the permission of the Chairman to "put out a little cry of sorrow for our unborn alcoholics .... who will hold back from approaching a Government organization for the kind of assistance that used to be available in a private foundation."

On April 1, 1965, the services of the **ALCOHOLISM FOUNDATION OF ALBERTA** were transferred to the Provincial Government under the jurisdiction of the Department of Health. To operate as the **DIVISION OF ALCOHOLISM**, it served as such until March 31, 1971.

When the Alcoholism Foundation of Alberta ceased to exist as such and became the 'Division of Alcoholism' under the Department of Health of the provincial Government of Alberta, it's status as an autonomous entity was lost.

As I worried through that 'change of venue' and as I write this history, the significant statement voiced both by government and Board members during a founding meeting of the Foundation constantly comes to mind.

That Position Statement: "emphasized the need for the Foundation to become a strong, private voice and organization to enhance its position within both the private and public sectors - and, as a private organization, to remain free from all political and other adverse influences or entanglements."

In disagreement with the transfer and the reasons behind it, in September 1964, my resignation had been accepted as Executive Director of the Foundation. However, certain forces saw fit to continue my stay in Alberta. I was appointed a 'Consultant on Alcoholism' to the Executive Council, and the Departments of the Attorney General and Health. In my latter years, I worked primarily with the Department of the Attorney General. I held this position until my retirement in February 1974.

This was a nostalgic period of the History to recall. The Foundation had initiated services which, innovative and challenging, were providing new impetus to the whole field of Alcohol Studies and which also served as new modalities for other programs in Canada, the United States, Australia and New Zealand, among others.

While many able staff were lost and others dismissed, the sincerity of purpose, abilities and integrity of those remaining was certainly beyond question. Lacking the responsible direction previously provided by a board of unmatched quality and abilities and a caring and dedicated staff, the adversities that took place could be expected. While many former Foundation services were curtailed or cancelled other new and progressive steps took their place. The period, therefore, from April 1, 1965, through March 31, 1971, was in effect a time of consolidation and restructuring.

My first 'task' as Consultant was to meet with Dr. Ross and to prepare a complete review of all Foundation personnel and activities during the past several months, copies of which were also to be submitted to the Premier and the Attorney General's Office.

These were definitive studies presented without prejudice or bias for two specific reasons. Firstly, to assist in resolving the transfer of services to the Department of Health, and secondly to aid in the long range planning already underway for the future development of this most important service. Belatedly, but certainly with the greatest integrity of purpose, Dr. Ross, learned of the facts of the situation and, typical of his nature, wished to correct matters. He also recognized that eventually the 'Programme' must be free of all adverse and restrictive influences. That report, fully and carefully prepared during September and October, was submitted on November 6, 1964.

As a result, changes were made among personnel and in the services rendered. Dr. Ross, as recommended, contacted my former Assistant and Director of the Calgary Centre, Jack Matheson, to serve as the Division's administrator with the

understanding that an aware and authorative Executive Committee and Advisory Board would be available to guide, supervise and support him.

Jack was retained and began his duties July 1, 1965, serving in that capacity until his transfer to other Department of Health duties October 1, 1970 by the then Minister of Health, Honourable, J. D. Henderson.

THE DIVISION OF ALCOHOLISM

Earlier I referred to the Division's term of operations as being a period of 'consolidation and restructuring'. Consolidation in that, while many services were discontinued, several new ones were developed. The official record of this consolidation is contained in the Division's annual reports. Here follows a summary of these all important reports.

1965 - 1966

On April 1, 1965, the new Division immediately took over the operation of all treatment, educational and research services previously operated by the Foundation, including the three out-patient clinics in Calgary, Edmonton and Red Deer. These three centres also maintained and embarked on expansion programs of all former Educational and Research Services.

Rising case loads and expanding Educational Services attracting ever more patients, required the extension of Treatment Services. The assistance of an Advisory Council of 16 citizens was of particular value in setting the course and the pace of the new Division. The Medical Advisory Board, whose responsibilities had been enhanced and its membership increased, did much to bring to the attention of the citizens in the communities, the value of Division services and to better understand alcoholism as a treatable illness.

During this period there were 631 new patients (533 male and 98 female) in treatment, involving almost 8,000 patient and 1,500 family counselling sessions, over 5,000 Doctor/Nurse interviews, and over 2,000 group therapy sessions.

The Division continued also to maintain close liaisons with provincial organizations such as the College of Physicians and Surgeons, the Association of Registered Nurses, the John Howard Society and other mental, penal and public health associations, enlisting the continued active support of all agencies and professional organizations.

Special conferences and seminars were co-sponsored with the John Howard Society, Members of the Judiciary, the School of Medicine of the University of Alberta and other influential bodies. An Industrial Programs Co-ordinator was appointed to broaden and extend alcoholism programs known as Employee Assistance Programs throughout business, industry and labour, including programs for provincial government employees, beginning with the Alberta Government Telephone Department.

The news media of the Province were encouraged to renew their support which saw radio, television and newspapers devoting considerable time and space to the Division's aims and objectives. A new publication 'Concept' was launched to replace 'Progress' to reach physicians, nurses, clergymen, welfare and law enforcement officers, members of the judiciary, personnel managers and educators throughout Alberta. The two issues released in early 1966 were well received, resulting in plans to increase the publication to ten issues in the next fiscal year. Many new publications were prepared and released to reach an ever growing and interested general public.

All active centres developed and promoted educational programs to reach all facets of their communities. Seminars were sponsored and special training and treatment projects within existing hospitals were introduced.

1966 - 1967

The main focus that year was on the teaching and training responsibilities of the Division Staff and facilities. 'Henwood' a residential rehabilitation unit north-east of Edmonton, was acquired and turned over to the Division of Alcoholism. Originally built to replace Belmont it was to be phased into operation as an 'In-Patient' facility and Training Centre. The full story of Henwood follows later in this chapter.

Increasing public pressure for information concerning the use and abuse of drugs, particularly known as the psychedelic drugs, such as marijuana and LSD, was met to a limited extent by the Division. A number of new films and filmstrips dealing with the subject were purchased and a number of publications added to the library. These materials were used extensively by schools, church groups, public health nurses and representatives of the Food and Drug Directorate of the Department of National Health and Welfare as background information for lectures and discussions.

Eight issues of the Division's publication "Concept" were produced and distributed during the year. This proved to be an effective information tool. The enthusiastic assistance and guidance of the Advisory Council was an important factor in the growth and expansion of services in the Division's approach to the problem of alcoholism during 1967. There was an increase in new patients seen, patient and family interviews, medical and group therapy sessions over the previous year.

Recreational therapy was introduced for the first time, with the employment of a full-time therapist. This proved to be a very successful project which was continued for some months by the Henwood staff following the resignation of the therapist and pending the appointment of a replacement.

Alcoholism Education was presented to Grade 10 students which resulted in a change in Division policy, to meet both the needs of teachers and schools and with presentations made to both Edmonton School Boards. Orientation sessions with community development officers proved very fruitful as did several other similar seminars with social service agency staff and Indian Community Health Workers.

Police training was a major activity of Community Services Staff in Calgary with the recruit training courses held regularly at Penhold for the R.C.M.P. Similar courses were held in Calgary for city police and the armed forces Provost Corps, as well as for police and probation officers in Lethbridge and Medicine Hat. At Drumheller Penitentiary a training course was initiated for staff.

1967 - 1968

The highlight of this year was the phasing into full operation of Henwood. The new in-patient alcoholism rehabilitation facility added an extra dimension to an already well-rounded provincial program. Henwood could accommodate fifty male and fourteen female residents. In addition to its usefulness as a treatment centre, Henwood also provided new opportunities for the development of education and training programs.

The Annual Canadian Conference on Alcoholism was hosted by the Division in June of this year, with delegates from every province, as well as the North West Territories, attending.

An important accomplishment was the establishment of a closer liaison between the Division of Alcoholism and the Federal Department of Indian Affairs. Following a two-day conference with the administrative staff of Indian Affairs, training seminars on alcoholism were held for the supervisory personnel of the Department as well as for Indian Chiefs, Band Managers and Councillors.

With the advent of Henwood there was an increase in the new patients seen: out-patient clinics (834) and Henwood (170),

with, of course, a greater number of patient, family, medical and group therapy sessions.

1968 - 1969

Training for medical and paramedical professions was expanded during this particular year to include all schools of nursing in Calgary, Edmonton and Red Deer. In service training sessions were held at a number of hospitals for graduate nursing staff. Nursing aides and orderly training schools, conducted by the provincial governments, were visited and lectures presented.

Medical students from the University of Alberta made regular field trips to Henwood and interns from Calgary General Hospital spent two mornings at the Calgary Clinic during their psychiatric training. In June of 1969, in co-operation with the City of Calgary Personnel Services, a training program involving some 300 supervisors from all departments of the City was undertaken.

Late in the year, thirty-five members of the Industrial Management Association in the Pincher Creek-Crowsnest Pass area attended a meeting to discuss Business and Industrial Employee Assistance. As a result of this meeting the Division became involved in establishing company programs in that area of the province.

1969 - 1970

The Calgary Outpatient Clinic saw an increase in its caseload during 1970 attributable, in part, to referrals from the Attorney General's Department's Court Counsellor.

Responsibility for administration of the alcoholism program at the Calgary Correctional Institute was transferred to the Calgary Regional Office to promote the co-ordination of services offered by the Calgary Centre to southern Alberta.

A day parole program was established at the Calgary Correctional Institute allowing patient-inmates to attend A.A. groups in Calgary and to become involved in the rehabilitation program of Trinity United Industries.

Recovery programs were initiated on the Sarcee Reserve and, following requests for assistance from native communities, additional training for alcoholism workers and guidance counsellors was provided.

The annual monthly caseload of the Red Deer Clinic was considerably reduced in 1970, nevertheless, the overall intake was double that of 1969, attributable to an emphasis on short term therapy and the involvement of other community agencies in an active referral program.

The Henwood treatment program was revised from an open-ended treatment regimen, to a 28-day program with a team approach. This enabled many more patients to be admitted. A follow up study was initiated whereby discharged patients, at fixed intervals, returned questionnaires reviewing their progress in all facets of their lives since leaving Henwood.

The bibliographical material entitled "An Annoted Bibliography of the Literature on Drinking and Driving" was published in the spring of 1970.

1970 - 1971

In the northern region of the Province all treatment and rehabilitation personnel at Henwood, Belmont and the Out-Patient Clinic completed training on the use and administration of psychological tests. As a result, many more alcoholics received such assistance in a shorter period of time.

The Court Referral Program, which had been in effect for over two years, reflected a decrease in referrals to the Edmonton Outpatient Clinic in 1969. This was attributable to an amendment to the Alberta Liquor Act giving the police

discretionary prerogatives as to whether or not they would arrest people for intoxication. The police in Edmonton reduced the number of arrests and charges for intoxication by simply placing individuals in custody and releasing them the following morning. At year's end, plans were made to resume the program with the terms of the amended Act.

Mr. J. D. Matheson, who had served as Director of the Division from July 1, 1965, resigned and was transferred to other responsibilities with the Department of Health as of October 1, 1970.

On April 15, 1970, the Alberta Government approved the Alcoholism and Drug Abuse Act. This Act created a provincial corporation named The Alberta Alcoholism and Drug Abuse Commission. On April 1, 1971, the Division of Alcoholism was abolished and all services transferred to the Commission.

NEW AND NEEDED SERVICES

Another aspect of consolidation during this period involved developing new services to be added to the "Alberta Program". Among the many new projects I had in mind when I accepted the position of Consultant on Alcoholism was to fill the acknowledged need for an in-patient facility; not only for the treatment of patients and their families, but also as an avenue for teaching, training, advanced education and research.

Additionally, having been there, I had long had an interest in alcoholic recidivists, the ignored cast-offs of the courts, with the potentials of working through the protective systems of government: the police, prosecutors, probation, courts and judges, as tools to reach and unlock the door to recovery for those so long ignored.

And too, although we had cracked the doors to the academia avenues of teaching and learning at the university level, there was much more to be done at all other levels of the scholastic world.

George B. Henwood

Henwood

An 'in-patient facility' came into being through an unexpected but fortunate set of circumstances. The Belmont Rehabilitation Centre was being replaced by a newer building better suited to its purpose. It was more in keeping with it's open type of Custodial Residential Care for those committed for recovery from Alcoholism and/or other drug dependencies. At that time all Correctional Institutions were in process of establishing rehabilitative programs similar to the Belmont Model.

The new facility was to be named **HENWOOD**, in honour of the late George B. Henwood, who had been the founder and first President of the John Howard Society, a former Deputy Attorney General of the Province, a Member of the Order of the British Empire and the first Secretary to the Board of Directors of the Alcoholism Foundation of Alberta.

The new building was well on the way to completion in North East Edmonton and close to the Alberta Mental Institution, Oliver. After watching its development, and learning that there were questions as to its use in the overall future development of the Correctional Institutional System within the Province, I decided to discuss my interest with the Premier, the Honourable Ernest C. Manning. He met me on site and we pursued the matter further together. I was overjoyed and most grateful to be told in late 1965, "Yes, you may have and finish Henwood as a Treatment Centre."

HENWOOD was, and continues to be, an ideal facility in a beautiful setting, perfectly suited to its present role. The only evidence remaining of its original purpose are bars on the basement windows, previously designated as solitary confinement cells - a grim reminder of just how far society has progressed in the care of its own!

Thought initially, an ill-timed and 'unwanted responsibility' by both Dr. Ross and Jack Matheson, Director of the Division of Alcoholism, when the quality and later possibilities of its service were recognized it blossomed forth into an effective and noteworthy addition to the Provincial Program.

As the one who requested and acquired Henwood, I, naturally, had a vested interest in its progress and success. Oh yes, and when I reviewed the set of plans Premier Manning gave me - I found Henwood lacked a chapel. He promptly corrected that oversight and had a separate chapel built.

With completion of construction in the spring of 1966, Henwood became the responsibility of the Division of Alcoholism for staffing and program development. Dr. J. Craig was appointed Medical Director and had initial responsibility for development.

Early in 1967, organizational arrangements were in place with Jim Edwards as the first overall Clinical Director, Foss Tackaberry as Business Manager and Audrey Joyce as Supervisor of Nursing. The Medical Directors position was eliminated. In the fall of 1967, Dorothy Ranks replaced Audrey Joyce.

In May 1969, Jim Edwards was promoted to an Associate Director's post and replaced by Leonard Blumenthal. Following his apprenticeship in this and other services, Leonard moved on to his present position as Chief Executive Officer of AADAC.

Henwood has well served hundreds of alcoholics, men and women, and continues to do so. It has also been the centre of ongoing training and orientation, as well as, educational and research services. Its reputation is worldwide. Its contribution to the recovery and sobriety of hundreds of patients and their families is beyond count. It is truly a jewel in the crown of success that is the Alberta Programme!

The Alberta Impaired Drivers Program

Launched in September 1970, as a step in the orderly development of countermeasures to better cope with alcoholism and other drug abuse, the Alberta Impaired Drivers' Program (AIDP) was, as it gathered momentum, increasingly successful. A community oriented service, it was initially sponsored by the Department of the Attorney-General with the co-operation of the Department of Highways. In 1973 with other like functions it was transferred to the jurisdiction of the Alberta Alcoholism and Drug Abuse Commission (AADAC).

The first in Canada and the second in North America it served as a model for a number of other similar efforts in Canada, the United States and elsewhere.

While the ravages and costs of accidents caused by drinking drivers have been of major concern world-wide, it took a tragic experience on the Christmas morning of 1965 to focus attention and to instigate action to better cope with such drivers.

Professor Ernest I. Stewart, Associate Dean of the College of Liberal Arts and Professor of Health Education at Arizona State University, while driving down town in Phoenix that Christmas morning to deliver presents, became a shocked witness to a nerve shattering scene.

As I recall his recounting, of this never to be forgotten crash, a car driven by a drunk driver ran through an intersection to hit another car, filled with members of a large family, loaded down with gifts.

The impact of the collision saw bodies, gifts and pieces of glass and metal flying through the air and covering the whole intersection. The stillness of those who died, the shrieks of those in agony, the horror and the inexcusable waste of that accident on a Christmas morning was beyond anyone's ability to understand. Though the trauma of it all never really left Professor Stewart's mind, it spurred him into immediate and positive action.

Setting aside his own plans, he sped to a friend's home, the Honourable Eugene K. Mangum, then Chief Magistrate of City Court for the City of Phoenix, Arizona. The Judge, a devout mormon and a very highly respected and regarded humanitarian, was just as shaken as his friend, Professor Stewart. On hearing the details of the slaughter, he immediately joined Professor Stewart in determining to find a solution to the growing number of such tragedies.

Together they devised a plan of action. They agreed upon and instigated the necessary measures to establish a pilot court program as a pragmatic approach to the problem of establishing eventual controls over impaired driving by rehabilitating convicted drinking drivers.

To aid in their program, which became widely known as the Phoenix Model, they brought in the well known and respected Dr. James L. Malfetti, the Director of Safety Research and Education Projects at

Teachers' College, Columbia University, New York. Dr. Malfetti, a nationally renowned authority on Safety Research and Education was as enthusiastic in developing the project as his two associates. Thus it was that this new pilot service would be initiated during 1966 and would be sponsored jointly by the Arizona State University, Teachers' College of Columbia University, and the City of Phoenix Arizona.

With the assistance of Deputy Attorney General John Hart, and Jack Lee, a former R.C.M.P. Inspector and the then Director of Corrections, I was authorized to design a similar program for Alberta. For several years I had oriented both Messrs. Hart and Lee to other programs and the problems of alcoholism by having them accompany me to conferences and workshops on alcoholism.

On a Friday afternoon early in September, 1970, I met with Attorney General Gerhart to tell him we were ready to go. Without further ado he said, "When can you start - how about by Monday?"

I just as promptly agreed but advised him that I would need a key assistant to serve the role of counsellor and as a liaison person with the courts, the Prosecutor's Office, potential clients and their attorneys and the other contacts we would be bringing into the program - as did the counsellors in Phoenix. I knew just the man: John Parker.

John had worked at the Belmont Rehabilitation Centre and with the Division of Alcoholism. He was totally familiar with every aspect of the courts, both inside and out, as well as the judges and prosecutors. As a recovered alcoholic, he was also known and respected for all that he had achieved in working with people in the institutions.

Knowing the usual problems of moving quickly within government and personnel circles, I voiced my concerns to Mr. Gerhart, who abrogated all my concerns by telling me, "You are authorized to start John Parker Monday." It was a busy weekend, but following several phone calls and sessions together, John was retained and an official program was underway by Monday! More formal sessions came into being that September 1970.

Naturally the success and effectiveness of each presentation during the course was dependent upon the number and quality of the co-operating agencies. Their support was totally voluntary. In fact, other than the salaries of the three department people involved, the budget I established was approximately only for $3,000 to cover materials and supplies for the first year.

The co-operating agencies who assigned regular participating members included:

The Adult Probation Branch, Department of the Attorney General

The Alberta Commission on Alcoholism and Drug Abuse

The Alberta Motor Association

The Alberta Motor Transport Association

The Alberta Safety Council

The College of Physicians & Surgeons of Alberta

The Driver Review Board, Motor Vehicle Branch, Department of Highways & Transport

The Edmonton Municipal Courts

The Insurance Agents Association of Alberta, Edmonton & District Local Council

The Insurance Bureau of Canada

The Traffic Division, Police Department, The City of Edmonton

The Traffic Division, R.C.M.P and

Individual volunteer members of Alcoholics Anonymous.

In addition to the Honourable E. H. Gerhart and his Deputy, John Hart, later members of the planning committee involved with the development and operation of the original course included Judge C. H. Rolf, Q.C., R. M. Anthony, Chief Crown Prosecutor; S. A. Freidman, Q.C. (formerly assistant to Hart following whose retirement he succeeded as Deputy Attorney General) and B. L. Hinman,

Chairman and Secretary of the Driver Review Board, Department of Highways and Transport, and Arthur N. McMullan, of the Division of Alcoholism.

Other appointments to this A.I.D.P. Planning and Research Committees of the aforementioned organizations included: G. Carruthers, G. Farlick, Dr. J. A. L. Gilbert, C. Hindmarsh, F. J. King, P. Lawrence, G. McDonald, G. L. McPherson, K. Nelson, Dr. T. M. Nelson, Dr. C. C. O'Brien, S. A. Scudder, Chief Constable F. E. Sloane, Dr. J. D. Taylor.

Staff, other than John Parker and myself included: Stewart E. Lindop, Assistant Project Director, Vivian Henwood, Project Secretary, and Jim Taylor, Clerk of the Municipal Courts.

It is interesting to note that at the beginning there was considerable reticence on the part of court personnel, particularly the judges, to actively participate in the lectures. However, demonstrated appreciation on the part of obligatory course attendees and personnel changed those attitudes. One early participant stopped Judge Rolf on the street and said, "You won't remember me, but you ordered me to attend that course for drunk drivers. I went, then went over to the out-patient clinic and joined A.A. I have my family and my job back, and I'm grateful to you. At first I was very mad at you, but boy it was well worth it." A growing parade of such demonstrations both from former participants and their family members soon changed this attitudes of other judges in all courts.

Initially too, many of the lawyers representing offenders were not keen about having their clients ordered to attend the course, believing this to be a labelling and demeaning procedure. However, after the course had been in effect and its effectiveness demonstrated with some very good 'example cases', the converse became the case. Lawyers requested that their clients be ordered to attend the course.

Another important factor was the unwritten agreement and procedure to put everyone on the course whose conviction for drinking and driving indicated a need for change. This policy soon proved its worth with its most rewarding result being the recovery of a cross-section of drivers of all professions and positions!

I personally conducted the first session of many of the courses, finding that in these 'interventions' as with any other, most alcoholics, once faced with the necessity of accepting their illness, were more than happy to do so when told how and with dignity.

In a project suggested and put into effect by John Parker in co-operation with the Henwood Treatment Centre, over 100 convicted offenders, within the jurisdiction of their probation, were given the opportunity and choice of either going to Henwood for treatment or to jail. In the over 100 cases who took treatment, 85% recovered and never re-appeared in court. Less than 15% chose to drink and drive again.

In the first three years, some 65 courses, with an average attendance of 50 convicted impaired drivers, were held in three Alberta cities, Edmonton, Calgary and Lethbridge. More than 2,000 participants received basic education on better and sober driving and on attitudes and behavior. The tragic loss in human lives and suffering, the costly implications of drinking and driving, stressed by voluntary lectures from the aforenamed related organizations, achieved among the students a better appreciation of the problems faced by authorities responsible for controlling this serious problem.

An evaluation study on the effectiveness of the Alberta Impaired Drivers' Program, was initiated and made by the University of Alberta, Edmonton, under the direction of Drs. Tom Nelson and Paul Zelhart Jr. of the Department of Psychology. The study was funded by a grant obtained from the Ministry of Transport, Ottawa.

A film describing the course was also prepared by the Department of Psychology of the University of Alberta. Working policy

and procedure manuals which I prepared were widely requested and distributed throughout Canada and the United States.

It was gratifying to everyone associated with the project to see the widespread publicity this countermeasure received from existing programs and the news media. As with the 'driving while intoxicated program' begun in Arizona by Judge Eugene Mangum, the Alberta Impaired Driver Program was also the subject of a special Federal study and of a number of special radio and television programs. It was also reported in considerable detail in relevant journals.

Dr. James L. Malfetti, Associate Director of the Phoenix DWI Project, at the Annual Meeting of the Canadian Automobile Association, held in Regina, Saskatchewan, on June 2, 1971, commented:

> *"Ideally we should like to see more activities like the Impaired Drivers Project of the Province of Alberta, sponsored by the Attorney General, the Honourable Mr. Edgar H. Gerhart, with Mr. J. George Strachan as Project Director. Mr. Strachan observed our program in Phoenix and had superbly adapted and organized a program like it which is already yielding results and helping us to improve our own. The project is a remarkably good example of the co-operation of enforcement officials, judiciary educators, and community groups who understand the people and the problem and who together can provide practical solutions for the tragedies of DWI..."*

University Research

As a result of the splendid co-operation and support the Foundation received from the University of Alberta I had always hoped that a fitting means of expressing appreciation could be found. This I sought to do by exploring the possible interest in and support for the development of an Institute or Chair on Alcoholism and other Drug Addictions at the University.

With the help of those colleagues named earlier and of Pat Henning, an active member and officer of Kinsmen, and of others active in community life and organizations a good beginning was made. There was indeed tremendous interest and support for such a project. We progressed to the point of achieving a solid base for positive funding from both governmental and private sector sources. We also had assurances of legislative approval.

However, at this stage, it was thought best by another professional group to assume our efforts. Though the necessary political and legislative promises were fulfilled and an act passed establishing the Alberta Foundation for University Research and Education in Alcoholism and Drug Abuse in 1972, unfortunately, the project remained without funding and so without implementation.

Currently, the interest and support of Premier Getty in a newly established Alberta Family Life and Substance Abuse Foundation has replaced that project with a better organized and more viable solution.

Once more and for the last time I must say that the period from April 1, 1965 through March 31, 1971, was in effect a time of consolidation and restructuring.

The restructuring began almost immediately after the Foundation's transfer to the Division was in place. In my 'programme review' of November 6, 1965, (in accord with several others) I proposed that in due course of time the 'Provincial Alcoholism and Drug Programming' be returned to an autonomous entity - by Government Statute- as a quasi Crown Corporation, (and not via the Society's Act). With all provincial services related to the care and control of alcoholism and other drugs to be under the aegis of this one organization.

I strongly suggested that it again be termed a Foundation, however, the later Minister of Health, the Honorable James Henderson, saw fit to title the Programme a 'Commission'. To me the term 'Commission' denotes an investigative body, whereas the term Foundation more pragmatically describes the organization and its operation. A Foundation would attract more private interest with the possibility of funding contributions from the private sector- monies which were lost when the Alcoholism Foundation of Alberta became the 'Division' under the Provincial Government.

Well aware of the disappointment and disagreements that existed before and after the 'Change In Venue'; and being privy to the immediate proposals that ensued to amend the situation, I was certainly in total agreement with the quiet planning which surfaced early, to restore programming to its former independent status. The only concern it seemed was how soon and how best could this reorganization take place?

It should also be understood that there were 'faces to save', personality conflicts to quell and relationships to heal - all of which would take time to mend and rebuild. My new status gave me both the freedom and means to accomplish these tasks.

On December 19, 1967 it was recommended to the Attorney General and the Premier that "while some of the problems of the Division were being settled", the only way to finally resolve the matter was for all the alcoholism related areas to be set up 'under a separate commission' or three man board, perhaps with myself as Chairman or Secretary of the Board. I refused the honour. I would do much more in my present capacity, and besides, a new and younger person was needed - one who could be aware of new and changing needs and who would not be at all controversial. Nevertheless, it was another positive step forward in the eventual establishment of AADAC.

On April 15, 1970 this finally happened with the passage of the Alberta Alcoholism and Drug Abuse Act. The Act established the Commission as a Crown Corporation with a board consisting of not more than 12 members appointed by the Lieutenant Governor in Council. Section 16 of the Act outlined what the Commission was to do:

The Commission may

a) hold, administer and manage the property and assets of the Commission, subject to any directions in that regard made by the Lieutenant Governor in Council;

b) subject to the approval by the Lieutenant Governor in Council, operate hospitals for the diagnosis of alcoholism and drug abuse and

the treatment and care of alcoholics and drug users;

c) operate clinics and centres for the observation and treatment of alcoholics and drug users in conjunction with the Commission's hospitals or at any other place in Alberta;

d) provide the equipment necessary for the proper operation of the Commission's hospitals, clinics and centres;

e) provide the necessary facilities for proper medical attendance, nursing and medicine at the Commission's hospitals, clinics and centres;

f) provide through its hospitals, clinics and centres, or the facilities of other agencies, counselling and follow-up services for alcoholics and drug users and former alcoholics and drug users;

g) subject to approval by the Lieutenant Governor in Council

i) provide financial or other assistance to persons or bodies of persons conducting programs for the treatment or rehabilitation of alcoholics or drug users or for studies, investigations or research on alcoholism or drug abuse, or

ii) conduct, or engage other persons to conduct, studies, investigations and research on alcoholism and drug abuse and methods of treating or rehabilitating alcoholics and drug users;

h) conduct programs for the dissemination of information respecting alcoholism and drug abuse and to stimulate academic education and professional orientation respecting the recognition of, and effective response to, the treatment and care of alcoholics and drug users;

i) enter into agreements

i) with hospitals or other institution for the accommodation, treatment and care of alcoholics and drug users, or

ii) with universities, hospitals or other institutions for the purpose of conducting studies, investigations or research on alcoholism and drug abuse and methods of treatment of alcoholics and drug users.

The Act came into force on July 1, 1970, and members of the Commission were appointed on July 15, 1970, by Order in Council. The initial members were:

Mr. K. Wolstenholme, Chairman, Ponoka

Mr. K. Low, Vice-Chairman, Calgary

Dr. R.W. Blair, Calgary

Mr. W.P. Henning, Edmonton

Mr. M.G. Jones, Edmonton

Mr. C. Longmore, Edmonton

Mr. D. McKenzie, Edmonton

Mrs. J. Monkman, Grande Prairie

Mr. M.M. Newell, Calgary

Magistrate C.H. Rolf, Edmonton

Dr. H.M. Woycicki, Edmonton

Mrs. R. Yellowfeet, Lethbridge

Change always brings uncertainty and it is instructive to note how this is dealt with.

In July 1970, Warren Mabb, Acting Director, issued the following directive to all Division Directors and Supervisors:

"Until such time as the Commission becomes fully operational and may direct otherwise, this Interim Statement on Operating Policy shall be in force. All staff will adhere to the general intent as it applies to present programs and future planning.

At the outset two firm guidelines should be seen as influencing all that follows, namely:

1. The role of the Commission is all inclusive with regard to Drug Abuse. Alcohol related problems are to be viewed as forming a part of the total, overall drug situation.

2. All departments will correlate and co-ordinate their programs toward the furtherance of the aims and objectives of the Commission in this enlarged context.

This immediate aim of the Commission shall be the institution of a two phase program designed to (1) contain and (2) reduce alcohol and drug related problems.

The containment and reduction will be accomplished in the following way and order:

1) A vast extension of preventative measures into every segment of the population through the use of all educational means available, the recruitment of increased numbers of agencies and individuals in the educative process at the community level and involvement of large numbers of "community influentials in the process of attitude change and early intervention.

2) A massive increase in the number of persons suffering from drug related problems who are involved in some form of treatment setting. This calls for the use of imagination and extreme versatility by present staff to encourage and assist other government departments, municipalities, community and private agencies, and other groups in developing appropriate treatment settings and for the training of suitable staff.

   In addition, present treatment methods must be evaluated and refined and, where necessary, new ones instituted to allow for a dramatic increase in the number of individuals being seen at Commission Clinics. This may require waiting lists, short term therapy and reduced interview time.

3) An accelerated applied research program that will evaluate present functioning of the Commission and, where necessary, propose alternatives. It will be mandatory that every program have a research component or evaluative process into it.

4) An ongoing staff development program which will foster a "team approach" and provide cross fertilization between disciplines to the end that versatility and flexibility will be the mainstay of staff cohesion. All staff must be skilled in the communicative process, in techniques of persuasion, and feel comfortable and effective in an instructional setting. Additionally, all staff will be familiar with the specialized treatment approaches which involve intimate knowledge and understanding of those persons requiring treatment services.

It will be obvious that the Commission is in the drug field in earnest and that the long term objectives are the preventative and eventual elimination of problems leading to, associated with, and arising from drug abuse including alcohol. Ultimately, we are responsible to the citizens of Alberta to see that the objectives are met. I am confident that all staff recognize the magnitude of the problem and the need for personal dedication and devotion to the programs designed to cope with it. It goes without saying that obstructive tactics or behavior cannot and will not be tolerated.

In this final analysis the Commission has only limited funds and "effectiveness" must be the criteria by which we measure our efforts. It must be obvious that even vastly increased treatment settings will not alone accomplish the aims and objectives;

nor will massive education and publicity programs, by themselves, do the job. Only a united effort by all staff toward a common goal can provide effective and even then success will be beyond our grasp if we do not have large scale involvement, participation, and co-operation by individuals and groups in every community who are prepared to deal with the problem in their own area."

On September 9, 1970, the inaugural meeting of Alberta Alcoholism and Drug Abuse Commission was held in the Legislature Building with all the earlier named Commission members in attendance. Members also met with a Cabinet Committee consisting of the Honourable Messrs. R.A. Speaker, R.C. Clark, G.E. Taylor, E.H. Gerhart, J.D. Henderson and Dr. F. Brent. The meeting dealt with policy matters and the liaison to be maintained between the Commission and the government. They also reviewed and affirmed the services to be continued by the Commission. Discussions were held regarding Methadone treatment and the appointment of a Committee on Alcohol and Drugs by the College of Physicians and Surgeons.

Following this meeting Mr. Wolstenholme resigned as Chairman, but remained as a member of the Board for some years. W.P. (Pat) Henning, an existing Board member, was immediately appointed Chairman and served in that capacity until late 1971.

On September 30, 1970, the then Minister of Health, J.D. Henderson notified Mr. Henning, Chairman of the Commission, that "It was no longer feasible to have the Division as part of the jurisdiction of the Department of Health and therefore the responsibility for the entity must be placed in the hands of the Commission. This raises immediately the many legal problems of transfer. However, this can be developed progressively with the assistance of the government legal personnel, the Public Service commission, and the Provincial Auditor."

On April 5, 1971, when A.H. McMullen, Acting Director, submitted his final report on the day to day operation of the Division, he also formally noted that the official separation of the Division of Alcoholism from the Government's Department of Health become effective on the 31st day of March, 1971. **AADAC** was now in business.

EPILOGUE

With the advent of The Alberta Alcoholism and Drug Abuse Commission, AADAC, everything envisaged, planned and developed was back in place. **ALCOHOLISM TREATMENT AND PREVENTION PROGRAMS IN ALBERTA enjoy the status and recognition they deserve and require to better and properly perform the services for which they have been instituted. So we have come full circle and now it's time to say "THIRTY"!**

It's time to wrap this up with the hope that these writings have filled you in on how the Alberta Treatment and Prevention Programs came to be. For me it's been a good journey. Naturally I have often reflected: "if only I had said or done this" or "if I could just do this...over again" - but you know, I would do everything just as before! Those were the best, most productive and gratifying years of my life.

You folks in Alberta have it good. In this Public Health Service, you have the very best, most progressive, effective and respected services and staff in existence today. I am mighty proud and grateful to have played a part in it. Alberta has initiated and maintained many firsts in the Field of Addiction studies: caring for the whole person, in a whole family and community; accepting and respecting alcoholism as a treatable illness in its own right; taking an 'overall approach' and melding a spectrum of complex services into one unified, competent and complete program - while being mindful of the needs of common folks. Yes, Albertans, you truly have it all and may be justly proud of the Commission.

Though not known perhaps, there is a very real reason for AFA's/DOA's and now AADAC's continuing progress and success. That reason is, government and private sector members not only work cooperatively and well together - they are also mature and strong enough to recognize an error in judgement and to correct it without fanfare or blame. So **'FULL CIRCLE'** it is.

In the beginning I asked, "Was it Coincidence or Predestined Guidance?" I rather believe we all know the answer, don't you?

Sincerely and gratefully,

J. George Strachan

EDITORIAL NOTE

J. GEORGE STRACHAN, C.M., LL.D., (HON), F.R.S.A.

George, born in Montreal and educated in Canada and the United States, spearheaded the development of many early programs in government and in business, industry and labour.

In the summer of 1950, he attended the Centre of Alcohol Studies, then at Yale University. He established similar schools, including three in Alberta, the first in Canada. He championed the Family Approach to treatment and the acceptance of alcoholism as a treatable illness in its own right. He also developed a program to better cope with convicted impaired drivers, again the first in Canada. George helped introduce programming to many other countries including the United States, England and Poland and has travelled widely to share his knowledge and experience.

Himself a recovered alcoholic, with almost five decades of sobriety, George has received many honours, including: in 1969, a Life Membership in Alcohol and Drug Problems Association; in 1972, he was made a Fellow of the Royal Society of Arts, London England; in 1973, a Honorary Doctorate of Laws Degree from the University of Alberta, Edmonton; in 1976, a Distinguished Service Award and Life Membership from the Canadian Addictions Foundation; in 1977, the Queen Elizabeth Silver Jubilee Medal; in 1983, AADAC's first ever Distinguished Service Award and for his continuing services to Alberta, the AADAC Library was renamed the J. George Strachan Library; and in 1985, George was appointed a Member of the Order of Canada.

His books on alcoholism are classics in the field of Alcohol Studies. His philosophy and approach to alcohol dependency can be appreciated in a quotation from his book 'Alcoholism - Treatable Illness', his credo is: "There are no hopeless situations; there are only those who have grown hopeless about them".

David Hewitt, Ph.D., Director

Policy & Program Analysis AADAC

Appendix I

A PROGRAMMING

PROSPECTUS

FOR

ALBERTA

A PROGRAMMING PROSPECTUS

History and Impact

Having known most good things in life: family, education, career, marriage and children, it was quite dramatic to experience every indignity, hurt, loss and remorse the illness alcoholism inflicts. With recovery and sobriety, and the resultant rekindled hope and regenerated faith, came the obligation to make amends and the desire to find an avenue by which to properly express my gratitude.

Just as I found a new 'way of life' I learned of Anne Morrow Lindberg's reaction to the same need. She answered, "One can never pay in gratitude - one can only repay in kind somewhere else in life".

The Concepts and Charts encompassed within the 'Programming Prospectus' are those originally prepared in the spring of 1953 for consideration by Dr. J. Donovan Ross, his Board Members and George Dunaway when a 'Concept' and 'Programming Plans' for the proposed Alcoholism Foundation for Alberta were being developed.

They were updated, and included in the 'Prospectus' and 'Concept' prepared and presented August 1, 1953 and further revised February, 1954 as initial programming needs dictated.

I refined them in 1965 for the manuscript and History of **ALCOHOLISM PRAMMING IN ALBERTA**. The Alberta Concept and Prospectus, including the charts were also basic to my manuscript Model Alcoholism Pramming prepared under a grant from the Christopher D. Smithers Foundation - a vital component in the development of a Federal Program in the United States, then being drafted by R. Brinkley Smithers and Senator Harold Hughes and later to be named the "Hughes Act."

These writings were the basis for my books **ALCOHOLISM: TREATABLE ILLNESS** (first published in 1968) and **PRACTICAL ALCOHOLISM PROGRAMMING** (published in 1971) and **RECOVERY FROM ALCOHOLISM** (published in 1975) - by Mitchell Press Ltd., Vancouver, B.C.

An updated edition of **ALCOHOLISM: TREATABLE ILLNESS** was published by Hazelden Foundation in April, 1982 - and a new edition published by **ORCA** Publishing in August, 1990. These books and the concept they represent are considered to be classics in the field of Alcohol Studies and continue to be used in Treatment and Training Centres.

For the record, I should also note that the original manuscript entitled **ALCOHOLISM PRAMMING IN ALBERTA** the model for all the above, and many other programs, is now in the Strachan Library Archives in Edmonton, Alberta. It is gratifying to record that the concept of an **'OVERALL APPROACH' and 'TOTAL FAMILY AND COLLATERAL INVOLVEMENT'** remain the basis of effective recovery and treatment services.

This work expressed my 'Gratitude in Kind' for all that I have received and for all that we have shared together in developing the Alberta Alcoholism and Prevention Programs.

J. George Strachan

A Programming Prospectus outlining An Overall Community Approach to the *ILLNESS ALCOHOLISM* for the Alcoholism Foundation of Alberta 9910 - 103 Street Edmonton, Alberta, Canada

by

J. George Strachan,

Executive Director

1st Draft May/June, 1953

1st Revision August, 1953

Updated Revision February 1, 1954

Charts Redesigned 1991

CHART AND PROSPECTUS OF A PROGRAM FOR THE FOUNDATION

Introductory Remarks

In submitting this revised prospectus (1st Revision), your Director is still not going to attempt to give any statistics on the incidence of the problem, its costs to the Province, community or the public generally. Until factual information is available, figures are all too easily misquoted and misinterpreted. It is sufficient to say that the cost of alcoholism is tremendous, and that the social problem involved is one of the most serious and complex of all in the field of Public Health today.

It should further be emphasized constantly that the work of the Foundation deals solely with the problems of alcoholism. *We cannot be concerned, nor should we ever primarily be concerned with all the problems of alcohol per se. There is a vast difference between drinking, drunkenness, and alcoholism. Our concern is alcoholism — **NOT** social drinking.*

From our standpoint it is not important whether the individual is sick and so drinks, or that because of his drinking, he does become sick; It is much more important that the individual learns that help is available and that we assist to provide that help. Our concern is with a public health problem and if we are to acknowledge the concept of alcoholism as a disease, then it is our responsibility as a Foundation on Alcoholism to make possible the means of coping with this problem in all of its phases, at every level into which it reaches.

As developed in the introductory "Outline of the Problem", our approach is, therefore, one that will reach into and help every area concerned with problems of alcoholism. To achieve this in our program we are approaching all of the facets concerned and we are working toward the solution of each conjunctively.

The program we have set up and are following is both immediate and long term. As our work progresses, much that we do and much of the real value of our efforts will not always be known. Indirectly as the result of our efforts, many other groups, agencies, and facilities generally, both publicly and privately, are in turn beginning to accept their own share of the responsibility involved and are beginning to do something about it. So now as we "teach the leaders" to accept their role in facing this public health problem and spur them on, to assist and co-operate with us, they also are beginning to work within the confines of their own areas. **THIS IS ALREADY BEING ACCOMPLISHED** to quite a degree.

Our continued aim, therefore, as this begins to take place, is to keep ahead and to accept the responsibility of the leadership in this field, so that we can co-ordinate all activities toward one goal. By virtue of our existence, we continue to create new responsibilities for ourselves and as awareness is developed, more knowledge will come, and as knowledge comes, greater action will take place. Again as we create this interest, we must accept the responsibility of ever spurring it on and of ever directing it.

A great deal of the success that we have will remain unknown, even in individual cases. Those whom we are able to help will

in the course of time become self-sustaining and as they are no longer problems, we will hear little further from, or of them directly. That is a very natural thing and something that we expect and anticipated from the beginning.

The initial program outlined may have seemed difficult and complex. It is really a very simple one. It will continue to take a lot of effort and the development of more interest - but this is being done, I assure you.

Through the medium of education at every level, we are creating interest in treatment. As we develop treatment facilities and an understanding approach to the problem we develop confidence and trust. Our recoveries are our best public relations contacts. Through treatment we are approaching the problem of rehabilitation. Certainly from every angle we will continue to have the so-called "hopeless cases" thrown at us regularly - as we help but a few, those few will carry the banner for us. Our program will automatically augment a program of research and certainly as we approach all factors, we achieve some prevention. They all go hand in hand but to be effective, they must all continue to go forward continuously and simultaneously. You can now see from the charts how closely they fit in together.

Before reviewing the prospectus itself again, I would like to emphasize most strongly that though we are carrying on a program that approaches all levels, it definitely needs to be understood that the residual group, or as one might call it "bottom of the barrel" group, (those who are the repetitive court problems, etc) only represent about 15% - 20% of the total number afflicted with alcoholism. Initially many of our referrals came from the welfare and health agencies, the courts and from A.A., but as our program now begins to reach into all areas of the Province and as its full impact is felt, a greater number of referrals come from business and industry, pastoral contacts, medical contacts and from the families and relatives concerned with the problem. They all wish to learn of a means to approach the individuals they are interested in, before it is too late and before they are serious chronic cases. It is in this area that we do our greatest good and in which we have the most success. Primarily our work with the residual group is of a rehabilitative nature only, but even here the impact of what we do continues to grow.

We are guided by one objective - and that is to remember that we can do an awful lot of good, if we don't care who gets the credit. By sharing the credit for what we may initiate or do here, we establish rapport with everyone, are accepted without malice or jealousy by others, and so grow in stature with all of those with whom we do work.

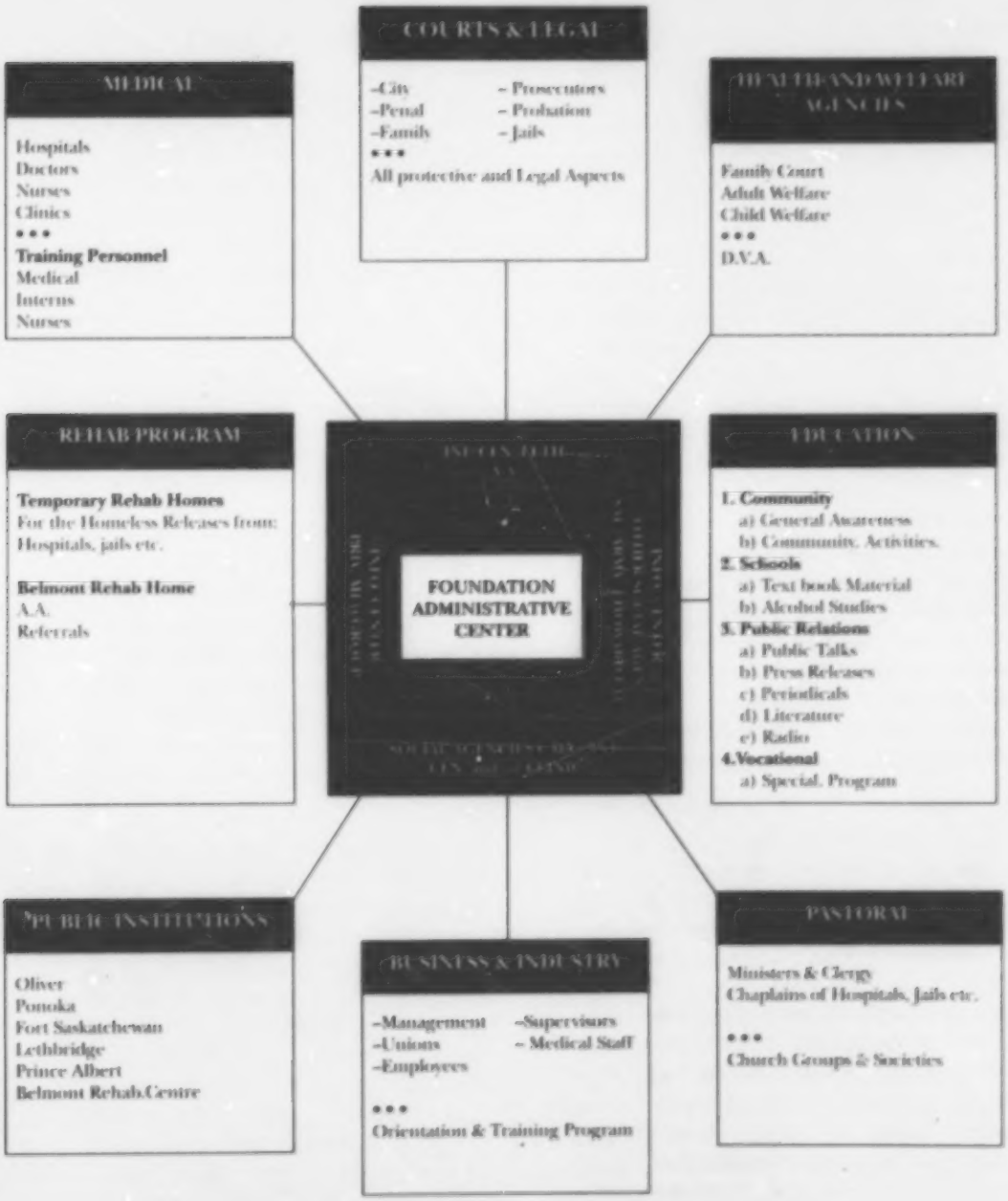
These things we can gratefully and humbly say are already being achieved.

J. George Strachan

NOTE: The "Outline of Approach" and the "Program Prospectus" is revised only to the extent that each now incorporates the accomplishments and adjusted features realized since August 31, 1953 when it was originally prepared and presented.

Chart 1

THE PROBLEM - AN OVERALL APPROACH



The Alcoholism Foundation of Alberta
Edmonton Alberta, Canada
Revision 1 -February 1, 1954 (J.G.S.)

THE PROBLEM – AN OVERALL APPROACH

Magnitude of the Problem - Tentative and estimated figures would indicate that there are between 25,000 and 30,000 excessive problem drinkers and between 5,000 and 7,500 acute and chronic alcoholics in the Province of Alberta. No figures are immediately available on the actual costs, represented by this total number of cases. It should be noted and understood that only about an estimated 15% of the total alcoholic population are known problems (court, agency, hospital, etc, cases). The other 85% are the so called "hidden cases" still active to some degree in their jobs, homes and communities.

An Approach to the Problem - In considering an approach to the problem of alcoholism, it is essential to recognize that it is of little worth to try to correct or better merely one factor without consideration of all the other phases involved. The finest medical program possible is of no avail if there are not adequate resources developed to insure the individual's social rehabilitation. It is easier to bum a drink than it is to find a job or get a meal for the individual just released from a hospital or jail. The medical phase of the problem might roughly be estimated as representing only 25% of the total problem; the other 75% covers all of the sociological factors and conditions.

It is necessary to continue to develop better treatment facilities, and to broaden medical and rehabilitation programs. It is advisable to develop more educational programming, to cover the courts, the public health and welfare agencies and all other interested groups. Certainly the clergy is an integral part of such a program. Business and industry are interested - as the problem is to them a much more costly one than to any other group.

In this generation industry may well lead the way toward a solution of the problem of alcoholism. However, they cannot take an active roll without the support of our medical groups, courts, and the other agencies involved.

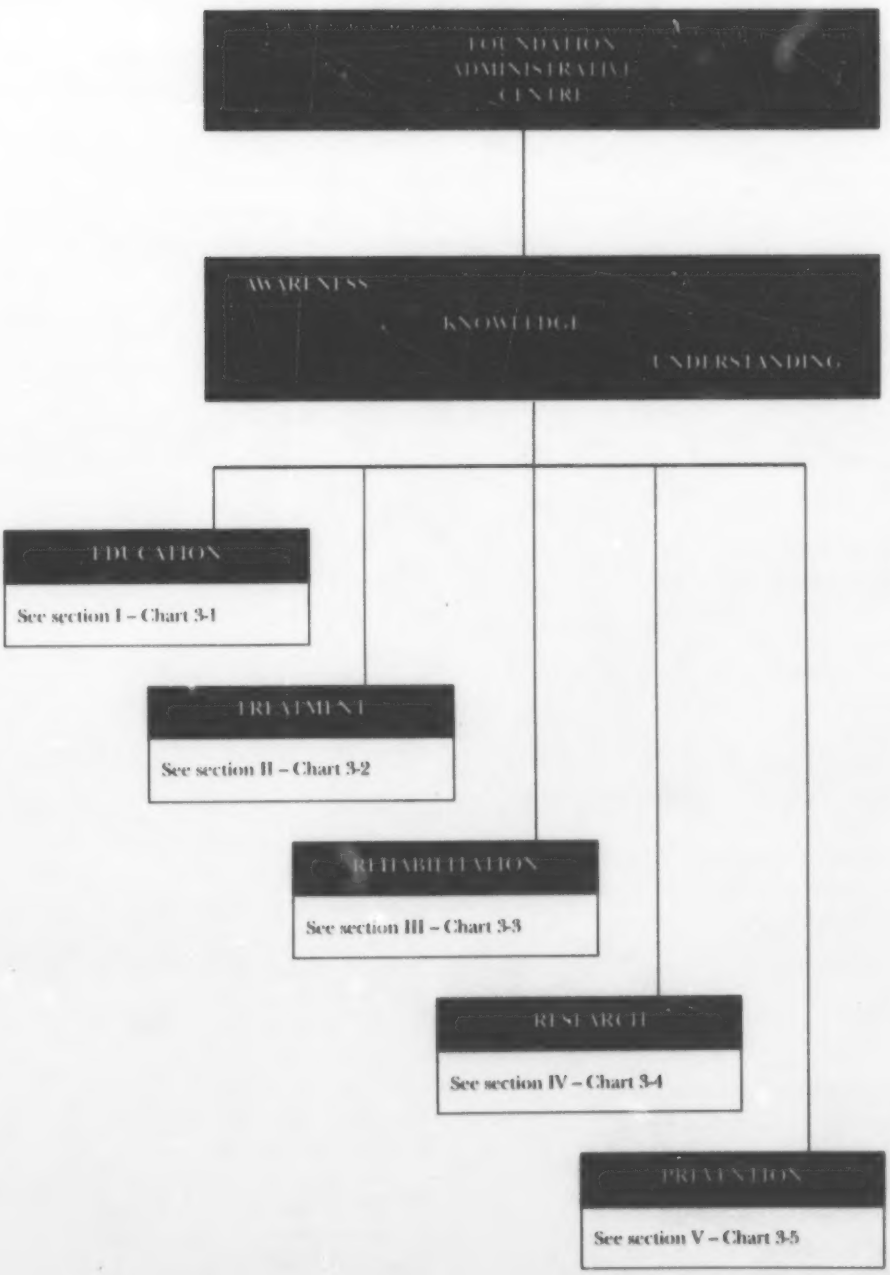
The Foundation Administrative Centre, therefore, is the natural hub and center of all activities. It will handle individual requests for help; family needs for information and guidance, Industrial referrals regarding employees. It works with and receives referrals from A.A., The Salvation Army, the John Howard Society, the courts, social agencies, etc. As an integral part of its program, it should develop other adjunctive centres in other areas in the Province. In this way all contact come to, flow through and return to the general functioning resources in every community.

A major function is naturally an educational one. The development of educational programs for the community and the orientation of pertinent groups is an integral part of the Foundation's activities. These activities are outlined in detail under the Program Prospectus as presented at the Board Meeting, September 3rd, 1953 and now revised for the meeting of February 24, 1954.

The Alcoholism Foundation of Alberta,
Edmonton, Alberta, Canada
Revision 1 - February 1, 1954 (J.G.S.)

Section IV
Chart 3

CHART AND PROSPECTUS OF A PROGRAM FOR THE FOUNDATION



The Alcoholism Foundation of Alberta
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CHART AND PROSPECTUS OF A PROGRAM FOR THE FOUNDATION (See Chart No. 3)

There are five areas of approach which we must continue to consider in developing the program of the Foundation. All of these activities are administrative functions of the Alcoholism Foundation Center in Edmonton.

As noted in the chart, these five responsibilities of our administrative programs include: (1) Educational Programs (2) Treatment Programs (3) Rehabilitation Programs (4) Research Programs and (5) Preventative Results, Trends and Expectations.

There is considerable overlapping between each and a very definite relationship one to the other in the functions of each. As emphasized many times previously, for the overall program to be effective, it is essential that all factors in the program be developed simultaneously. This enables us to work toward an overall approach. Our various Policy, Advisory and Sub-Committees are most helpful to us in developing our public relations and through them we are able to open up these various areas of effort. Serious and continued consideration should always be given to co-ordination of our program with that of other programs now in existence, especially with the "Rehabilitation Project" now established in the Attorney General's Department of the Provincial Government.

As we continue to develop the details of each of these, we forward them to you for inclusion in your material file. We are using the necessary forms for research and statistical purposes to:

1. set up case history records.
2. report daily activities.
3. recap daily reports of activities.
4. recap and summarize talks and programs.
5. take care of referrals.

These enable us to have at hand a constant check and available report on all activities in the Administrative Center and in the other centres as they are organized.

As of February 1st, 1954 we have had a total of 218 case histories and one of the indirect results heretofore mentioned is already beginning to take place, in that many resources and local facilities are spurring themselves to begin to develop their own programs on alcoholism. We are in constant contact with many agencies and groups, who are working with us. There follows an individual breakdown of each of the sections.

The Alcoholism Foundation of Alberta,
Edmonton, Alberta, Canada
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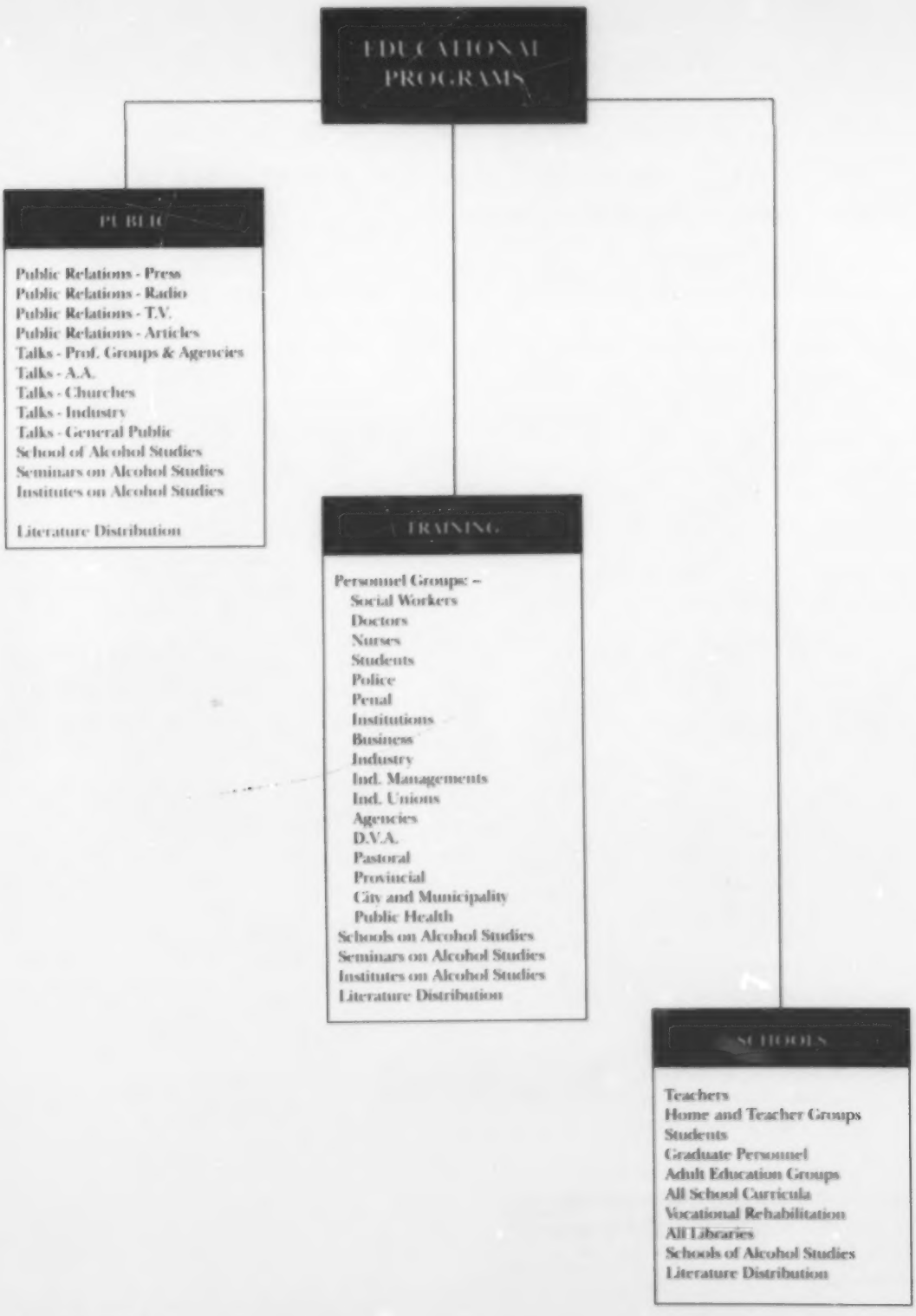
Section I
Chart 3-1



Charts & Preparation
The Alcoholism Foundation of Alberta
Edmonton Alberta, Canada
Revision 1 -February 1, 1954 (J.G.S.)

EDUCATIONAL PROGRAMS (Section I, See Chart No. 3-1)

Our Educational Programs covers three major areas of activity.

1. Public Programs
2. Training Programs
3. School Programs

By means of these programs, we continue to develop the means of attaining our objective - an overall approach. Through our activities with the public, we develop awareness in the Province generally and establish an understanding of our purposes and plans. In these first eight months we have made some 90 outside talks, conducted 28 radio programs and distributed 15,000 pieces of literature.

In working with special groups as a part of our training program, we develop an interest in and a knowledge of the alcoholic problem and prepare others to deal with it. The various groups listed are all in constant contact with individual alcoholic cases.

Through di semination of factual information to the students of our schools we develop a more realistic approach to the problem of alcoholism and help to define the problem more factually. All too much of that which is now taught and discussed is controversial, inaccurate and prejudiced.

We are pleased to report that we worked with a Committee from the Department of Education in December of 1953 in preparing a first trial program on Alcohol Studies for Grades 9 and 10. We shall continue to be active in this effort.

The impact of all this educational work is now beginning to be felt throughout the Province. Appreciating this we may now develop further and use the interest that does exist regarding this problem of alcoholism,. We are working on a major educational objective, namely the development of a "School on Alcohol Studies" to better train all those people from our own Province - willing, able and suitable for the job of broadening all these educational activities. We are also arranging to have selected personnel from our Province attend some of the outside schools now in force and thereby assist in the training of personnel for our own use in other centers.

Wherever possible, we are developing and training local personnel for all of these responsibilities throughout the Province.

It is our specific purpose to write all of our own literature for every possible purpose - to this end we now have six pieces completed and others now in work. We shall soon release our own periodical. We are especially proud to report that we are working with our Medical Committees to prepare especial pamphlets on treatment. Our library is in course of completion.

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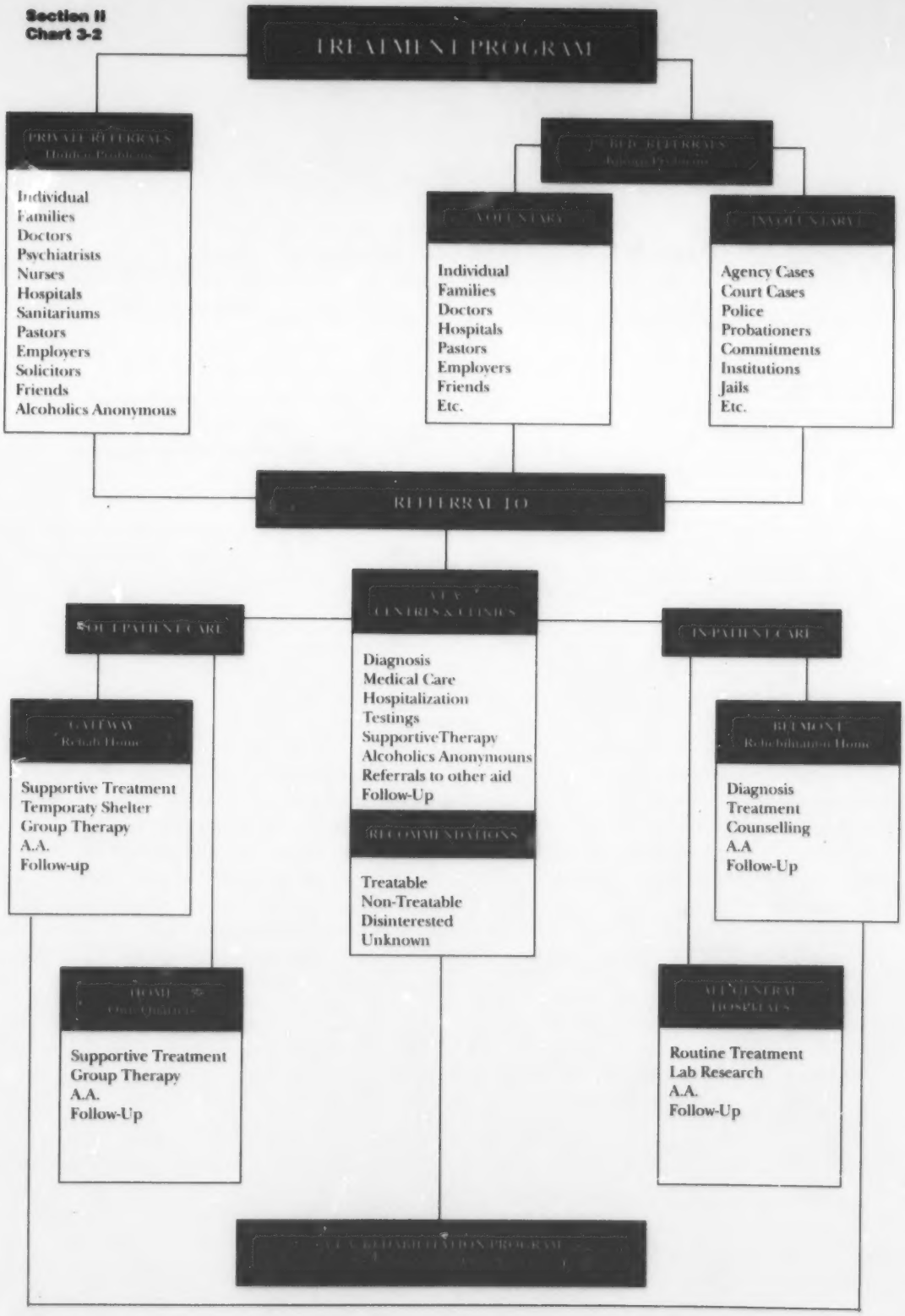
Section II
Chart 3-2



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Note: A basic function of all treatment programming is the training and orientation of all the medical factors involved to accept – diagnose – and treat alcoholics – as alcoholics and alcoholism as an illness.

* Screened cases from Fort Saskatchewan or Lethbridge considered treatable, will be transferred to the Belmont Rehabilitation Centre for the latter period of their sentence for rehabilitation therapy.

TREATMENT PROGRAMS (Section II, See Chart No. 3-2)

A great deal has been achieved in the area of treatment not generally known to the public. Our hospitals are now admitting alcoholics, but some people still go outside of their own communities. It is wiser to advocate the treatment of the individual as a sick person. It is more conducive to his welfare if he makes his recovery in his own community - as an abnormal drinker - not under some pseudo move.

We are exceedingly gratified and proud to report that through the efforts of our Medical Advisory Committee and a Sub-Committee on Treatment we are now completing arrangements to have all referrals to all our general hospitals in Edmonton admitted in the same manner as all other patients with different illnesses.

THEY ARE ADMITTED AS ALCOHOLICS (not under any camouflage) and they are properly and completely treated - without disparagement. As routine treatment is being administered a full medical history will be completed for research diagnosis.

This same procedure is now also a standard pattern in many other hospitals in Alberta and we are sure we can soon say for the entire Province of Alberta.

This is a significant advance and full credit is due Drs. Ross and Scott, the Medical Advisory Committee and the Sub-Committee on Treatment.

There are two major groups to consider in a treatment program. There is that group known to us as the "skid-row" group; the public charges of any community, that are in and out of the courts, jails, and mental hospitals. They represent possibly the most costly one to the community generally, though these number only about 15% to 20% of the total alcoholic population. The other 85% or 80% of the alcoholics, are the "hidden" cases. Many of these are not generally recognized, usually only known to their families, associates, employers, and immediate neighbors. They represent a surprisingly large number of key people. Because of the seeming stigma involved, they have been the hardest to approach. They are now being contacted and treated.

Our treatment program, therefore, is geared to the overall needs, and to an approach of the whole problem.

In considering the public program, it is essential to realize that some individuals are beyond the ability of helping themselves, so enforced measures may be necessary. However, no community can be responsible for hospitalizing all of the transients, deteriorated individuals, or symptomatic alcoholics with whom it comes in contact. The training of the groups dealing with these various problems enables them to make the approach in coping with individual cases. Medical support is definitely indicated and a more wide-spread professional understanding, interest and activity is being activated to accomplish this.

The Foundation Center herein plays a very important role, as it is the obligation and responsibility of the Center to not only assist in developing the needed approaches but also to assist in the administration of treatment programs, including the development of hospital and clinical facilities. Contrary to general belief, only

about 5% to 10% of the cases handled ever need to go to a hospital, but many do require emergency clinical care and a follow-up program. Various phases are outlined in detail in the chart.

A major need in the treatment of some alcoholics is a rehabilitative program. Not all cases recover - but even a few recoveries pay for an awful lot of community treatment. The tremendous cost of supporting the problem of alcoholism in our jails, courts, hospitals, institutions and by our welfare and public health facilities is incalculable. Treatment is a growing thing. As our program progresses, we have fewer referrals to public clinics. More individuals are treated by their own private doctors at a much earlier stage, obviating the necessity of general treatment at the public level later on. Again it is our responsibility to convey to all of the professional staff and groups of our Province, everything possible to assist them in a general treatment program.

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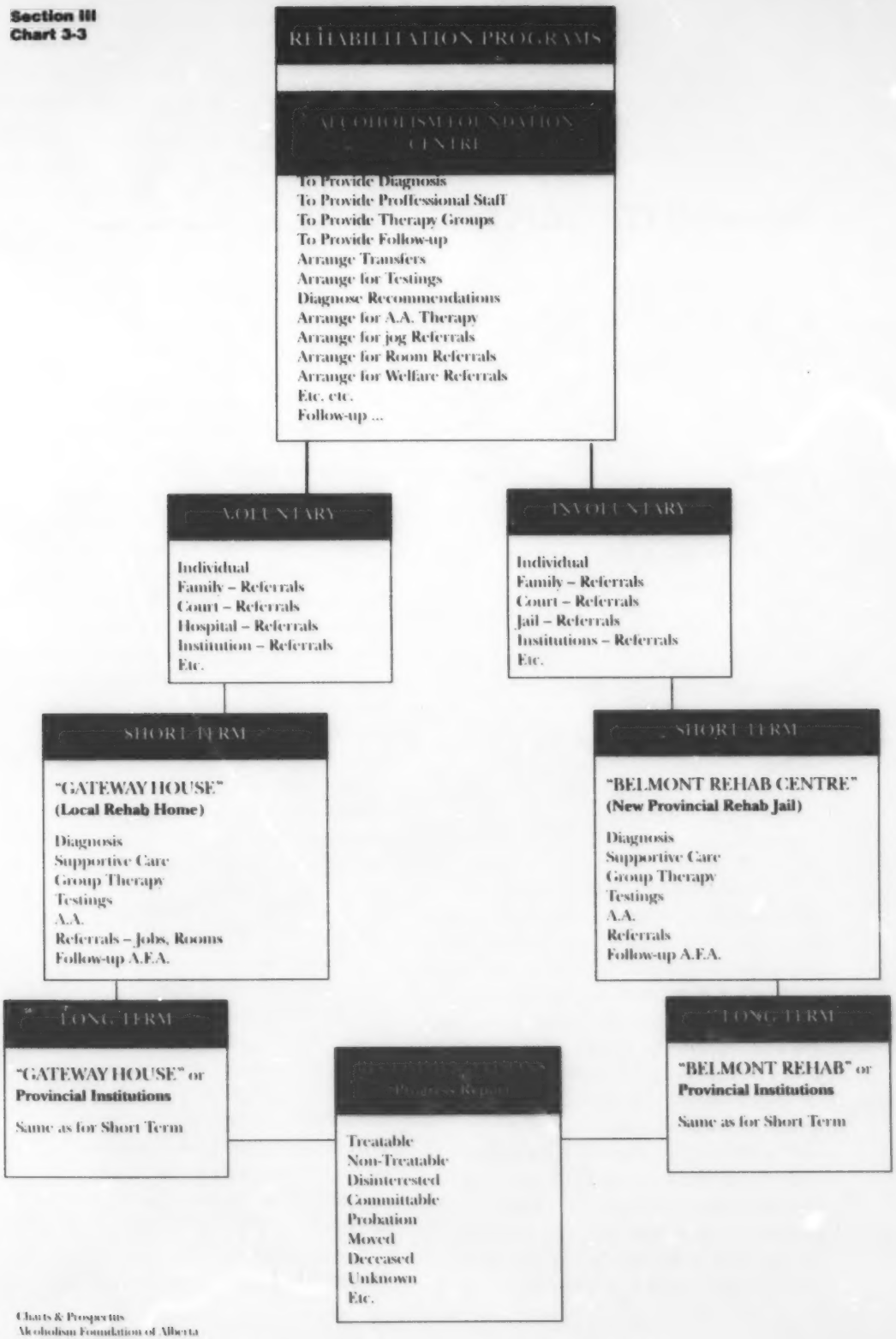
Section III
Chart 3-3



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Note: the Attorney General's Department is responsible for the Administration and Security of prisoners transferred to the Belmont Rehabilitation Centre. We are to cooperate with them in development and be responsible for the counselling treatment and Group Therapy programming- then the follow-up care and rehabilitation-then the Foundation on release.

REHABILITATION PROGRAMS (Section III, See Chart No. 3-3)

The problem of rehabilitation is perhaps the area in which we have the least experience. We cannot confuse rehabilitation with incarceration, nor custodial care. Many individuals (among whom we might include those deteriorated and those suffering from other primary problems, such as psychosis, epilepsy or other illnesses over which the problem of alcoholism has only been superimposed) cannot possibly be rehabilitated simply by putting them in a place where they can no longer drink. Some individuals are no longer able of their own volition to make a decision to help themselves. Certainly in these cases, enforced abstinence will assist them to get well physically, but nothing is done to prepare them mentally for the day of their release and if nothing is done sociologically to assist them in making a recovery, all of the other effort has been wasted.

An overall rehabilitation program, therefore, must include an approach to all of the problems involved. It consists of two major divisions, rehabilitation for a short term only and secondly, a long term treatment program. In the latter group, we will find many of those individuals now in jails, who have been repetitive court and jail problems and who would function very well in a long term home. However, technically it is not possible to include in such a committed group, those who would voluntarily do something about their problem or those who would be referred there, either by the family or by any of the agencies concerned with them. At the same time too, the costs of setting up such a rehabilitation program must be considered. The programs and personnel to be used in conducting a rehabilitation effort is more essential than the physical buildings, etc. concerned.

We are now planning our first temporary local rehabilitation home for those individuals needing only a short period of supervised care; (the homeless: those released from hospitals, jails, or institutions) In these instances, it is necessary to afford the individual the right association, shelter and board, while jobs are obtained and a follow through program developed and until that person becomes self-sustaining, this type of program has already been tried with very real success in many communities - estimates of success reach as high as 50% with this group. The attainment of only a 5% recovery will more than pay for this program.

We have achieved (through the Attorney General's Department) a central provincial, long term rehabilitation facility to receive individuals from the courts or jails. It should also be open to voluntary cases. This would cut down the overall cost. The individuals stay should be determined by his recovery progress. In many individual cases, it would be necessary to suggest a long stay while in other cases, it might be conducive to the individuals welfare and recovery to have him released ahead of schedule. At the present time the Belmont Rehabilitation Center can only house 50 men. On completion the

permanent building will handle about 250 men and women. The present one may be used for "volunteers" if regulations can be changed to permit it.

This rehabilitation program was discussed at length with Premier Manning and the other Provincial Agencies involved for the overall development of a joint rehabilitation program. The Foundation will play a major role. It is a coordinated program. To be efficient and to save personnel waste it will utilize all of the resources available to both programs.

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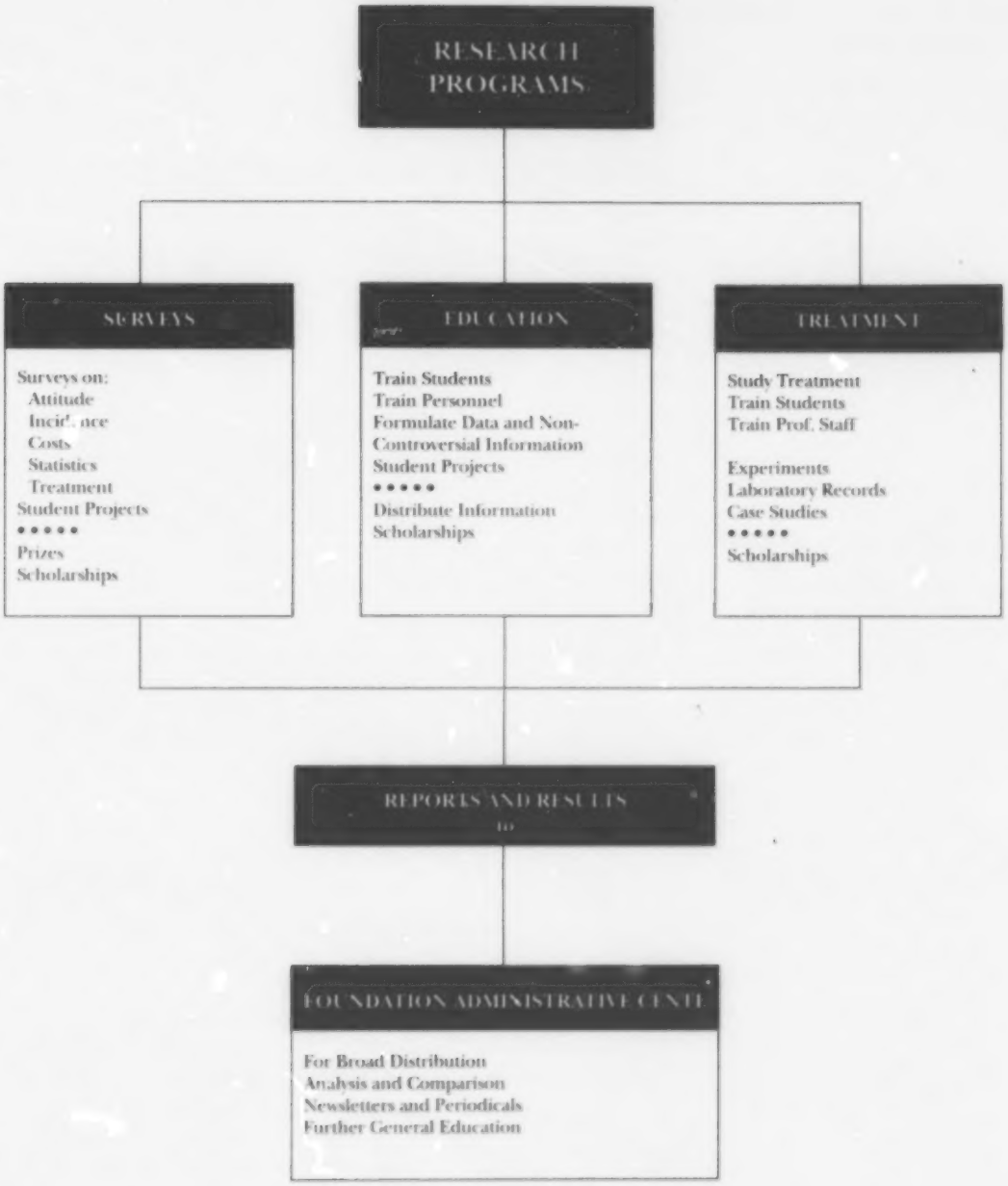
Section IV
Chart 3-4



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RESEARCH PROGRAMS (Section IV, See Chart No. 3-4)

The advances made in dealing with problems of alcoholism can to a large measure be attributed to the research projects which have sprung up in recent years. Though the Yale Center of Alcohol Studies continues to be the center of most of the research today, many projects have been developed in other universities and communities dealing with all phases of the problem. All due credit must continue to be given to the phenomenal growth of A.A. and the impetus it gives to all programs.

Excellent progress is being made in treating alcoholism medically. Educational material is now available, designed to meet specific needs; and factual information is obtainable for use in text books and for use by specific groups. Approaches have been developed for nurses, doctors, social workers, institutions, hospitals, agencies, communities committees, etc. Material has been developed for specific use in business and industry. There are a number of very complete and well integrated programs now in force in industry for its own personnel and employees. These programs have paid tremendous dividends. All available reports on them are indicative of the very excellent results achieved. All results obtained were beyond the expectations of any of these programs initially.

A research program as outlined on the chart will generally cover three phases of activity: (1) Treatment (2) Education (3) Survey. We are fortunate in Alberta in having the resources and university facilities to develop an excellent research program of our own. Through this medium we can help to interpret to the professional people of our Province, best available data on treatment and we can also aid in training additional personnel to assist in formulating our programs. In the course of these activities we will also be training our students to be better equip in their own fields when they graduate. Our very excellent medical committees are assisting closely in dealing with the educational and research problems in the treatment phase.

Student interest will be developed by providing prizes and scholarships. Through their efforts, we can begin to develop some of the survey material for use by the Foundation. These study projects will include the following: the study of present text book material and its evaluation; survey of the incidence of arrests due to drinking; incidence of alcoholism among various type of patients (such as T.B.); survey of hospital admissions throughout the Province; survey of doctors' attitudes, of agencies' attitudes, or of police departments' attitudes, etc.

All of the above will provide very useful data to the Foundation in correctly interpreting to the public generally, costs and the incidence of the problem. It is the responsibility of the Foundation to study and review this material and then prepare it for distribution. In conjunction with our educational activities, we will distribute the information of use to the various groups of the Province by monthly newsletter, bulletin or house organ. Research and education go hand in hand.

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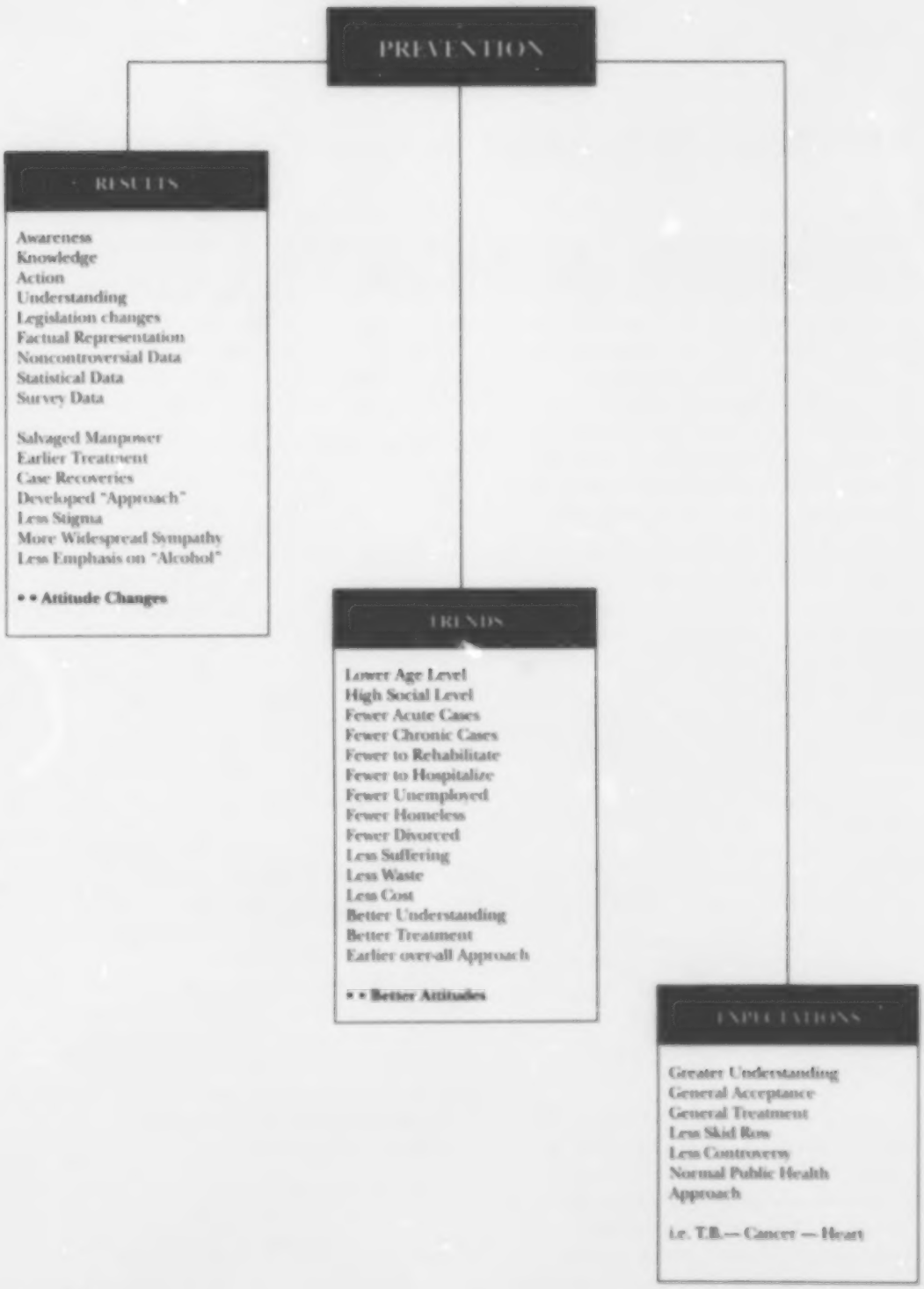
Section V
Chart 3-5



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PREVENTION PROGRAMS (Section V,See Chart No. 3-5)

A discussion of prevention as it relates itself to the problem of alcoholism must not be confused with the controversial wet or dry issue. There is no direct relationship between drinking, drunkenness and alcoholism. In considering prevention and the problem of alcoholism we should think of it in exactly the same way that we would think of the development of programs to assist in the cure of cancer or heart disease or any other public health problem. When we discuss the diabetic problem, we do not discuss sugar per se. All too often in a discussion on alcoholism, groups would discuss alcohol per se.

Very naturally as the results of our activities begin to be felt, we will begin indirectly to promote a certain degree of prevention. As noted on the chart, there are quite a few pertinent results that will begin to be known to us. These will then indicate certain specific trends and through the medium of these trends, we can, all things being equal, anticipate or set up a certain number of expectations.

These expectations are already being realized to some extent. Areas of activity that have had programs in effect for some time have reportable statistics to verify them. Though we are not in business to create statistical surveys, still we should realize that our progress, must be measured in those statistical reports are able to evaluate and prove. This will be done.

One major goal we are pointing toward is the achievement of "attitude changes". As awareness increases and knowledge is developed, still greater action will take place. As this is attained, very naturally we will begin to see a general attitude change. Treatment will improve, an approach to the problem will become an accepted thing. This all resolves itself through a general public attitude change.

To recognize this, we have but to look back at the problem of tuberculosis, or back to the first use of vaccines and to compare the old concept of their use and their present day acceptance. To achieve this same degree of success in our field is perhaps the manner in which we will begin to achieve a degree of prevention.

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CHART AND PROSPECTUS OF A PROGRAM FOR THE FOUNDATION

Summarization

In our summarization as submitted with the original prospectus last August 31, 1953, we indicated that our prospectus could not of course be set down as a final one. It would most certainly be subject to change, correction and addition as we progressed.

This revised prospectus does, therefore, take into account, the experiences and efforts of our programming to date. It is now beginning to indicate the how, what, where and when of our programming. Our educational and treatment efforts have already begun to produce results.

We are constantly gaining in the acceptance and treatment of the problem of alcoholism and we are beginning to achieve primarily a public change in attitude.

We have held closely to our initial plan in maintaining an overall approach to this problem and in the development of our program. We continue to make the individual case that comes to us our first responsibility.

As mentioned previously too, some of those things are coming to pass, that we indicated would do so as the indirect results of our efforts. Other programs have been spurred on because of our efforts.

Of possible interest would be our report to Dr. Cross for the presentation to the Government in support of our budget for this year. It is attached to this summary.

All of our other reports will indicate the degree to which we have begun to work our Prospectus and Program. We believe that we have made excellent progress to date and that we are considerably ahead of the schedule set forth initially.

As the Director of the Foundation, I would take this opportunity again of indicating my own appreciation for the splendid co-operation received from every contact made. The efforts of our Board Members, our Executive and our Advisory Committees have been splendid and inspiring. The reception by and co-operation of all outside sources and facilities contacted has been no less than theirs and such progress as we have made is entirely due to the courtesies and co-operation indicated by everyone concerned.

Our degree of progress to date is frankly too good for publication. We would not want it to be quoted generally, however, I can assure you that it is already better than 50% in the short space of time involved. And though this is not in any way to be a criterion of what we can or should expect, because certainly there has not been enough time elapse to in any way measure progress, still if we can maintain our own standards and our own programming, I feel certain that we will maintain this degree of progress, and perhaps even better it.

The Alcoholism Foundation of Alberta,
Edmonton, Alberta, Canada
Revision 1 - February 1, 1954

ADDENDUM TO THE PROGRAM PROSPECTUS

Additions and Revisions to the Concept and Program Prospectus

Precepts on Programming:

The following precepts are those I discussed with Dr. Ross and early Board Members when preparing the original Prospectus in the spring of 1953:

1. The Foundation recongnizes alcoholism as a treatable illness and a public health problem of first magnitude and, therfore, a public responsibility.
2. The Foundation regards the alcoholic as a sick person who can be helped and who is well worth helping; therfore, a public responsiblility.
3. The Foundation's concern is the "illness alcoholism" not social drinking or the problems of alcohol per se.
4. The Foundation's approach is professional and non-controversial. It takes neither the side of the 'wets' nor the 'drys'. It is not allied with any beverage or Temperance Movement.
5. As a significant step toward the prevention of alcoholism through changing public attitudes, the Foundation recognizes its responsibility to differentiate between drinking, drunkenness and the illness alcoholism.

Experience has taught me that there are six factors critical to the development of a new program. These are:

FIRST, it should be made abundantly clear that one can never transfer a program - no matter how successful it may be- from one place to another or transfer the same program from one group of people to another, without knowing about difference: in needs, lifestyles, philosophies, available funding, and about the personnel to conduct such services. Recommendations for new programming cannot be justified or implemented for a new community until such an evaluation has been made.

SECOND, vital to the proper recognition of the Foundation in a community with other existing services is also their learned acceptance of the 'illness concept', that they may better cope with this dependency. Every community resource must be taught to recognize that alcoholism can be the number one illness, which, if not properly treated, will continue to adversely affect recovery from other existing ills. the recognition, treatment and dignified acceptance of an alcoholic by the whole community, as with any other illness, is a major goal of any new service. This acceptance demands changes in attitude on what alcoholism really is, with dramatic improvement in the public image of the alcoholic, as against what he or she had been considered in the past - the stereotyped, skid row derelict. We must realize that the alcoholic may be one of our professional friends or collaterals; yes, and even a member of our own family or ourselves.

THIRD, alcoholics cannot recover or

maintain sobriety alone. In addition to the acceptance of alcoholism as a treatable illness, it is important in a total recovery service to point to the treatment of the whole person physically, emotionally, socially and spiritually. And conjunctively, to involve the treatment of the whole family and all of those relevant to the health and well being of the family. Alcoholism is a family illness as well as a community responsibility.

In the progression of his or her illness the alcoholic becomes involved in marital, vocational, social, welfare and a spectrum of other concerns. All of these and the people involved must learn how to co-operate in achieving solutions to patient problems.

Problems of denial, self-discipline and recovery, while critical to the patient, are just as relevant to family, vocational, employer, employee, physician and clergy relationships. Those in any way part of the patient's life must be made aware of and co-operate in solving the problems accrued during the progression of the illness.

FOURTH, the broad brush of educational services must also pinpoint public information, publications, professional orientation, sound communications and teaching within the mainstreams of learning.

FIFTH, not too long ago, administrators, counsellors and the others involved, were cautioned to focus their efforts solely on the 'illness alcoholism' - and not to become involved with all the other problems related to the use and abuse of alcohol.

(However, those of us involved with early programs soon learned that it is impossible to separate the many other problems of alcohol from its most serious and costly abuse and misuse - alcoholism. Programming therefore must early on become involved with such concerns as impaired driving, marital , vocational and other problems. As programming services develop and mature these issues must also receive due attention.)

SIXTH and perhaps the most significant factor, is the administration of programming. A service such as the Alcoholism Foundation of Alberta proposes should - as emphasized by Premier Manning and attending members of his Cabinet at their meeting December 11, 1951 - "become a strong private voice and organization to enhance its position within the private and public sectors and as a private organization to remain free from all political and other adverse influence or entanglements".

Personnel

The most valuable asset and the foundation on which effective services are built is personnel. A balanced staff should include both non-alcoholic and stable and competent recovered alcoholics. Particularly so as there are no aware and academically trained or knowledgeable professionals; and there are as yet, few, if any recovered alcoholics with professional training.

Since too, one of the key elements of success in this still new field is the continuing co-operation and assistance of the Fellowship of Alcoholics Anonymous, it requires that we must of necessity proceed very carefully in the selection of initial personnel.

J. George Strachan

Appendix II

OFFICERS AND BOARDS OF DIRECTORS

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1954-1964

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Mrs. C. R. Wood, Stony Plain
Mr. W. Newbigging, Edmonton
Honourary Life Member –
Hon. E. C. Manning

Alcoholism Foundation of Alberta

1962

Officers

Mr. M. E. Stewart
President

Mr. R. W. Burns
Vice-President

Mr. G. L. Crawford
Vice-President

Mr. J. S. McGuckin
Honorary Treasurer

Mr. J. G. Strachan
Executive Director

Mrs. C. R. Wood
Honorary Secretary

Hon. Dr. J. Donovan Ross –
Honorary Board Chairman

Board of Directors

Magistrate R.E. Baynes, Grande Prairie
Mr. R. W. Burns, Calgary
Dr. R. M. Parsons, Red Deer
Mr. E. W. Christian, Edmonton
Mr. C. W. Ross, Edmonton
Mr. G. L. Crawford, Calgary
Hon. Dr. J. D. Ross, Edmonton
Mr. G. Cristall, Calgary
Mr. G. Russell, Medicine Hat
Mr. J. B. Cross, Calgary
Mr. S. B. Smith, Edmonton
Mr. S. A. Keays, Edmonton
Mr. M. E. Stewart, Edmonton
Mr. D. S. Macdonald, Edmonton
Dr. S. B. Thorson, Calgary
Dr. W.C. MacKenzie, Edmonto
Hon. N.A. Willmore, Edmonton
Mr. J. S. McGuckin, Edmonton
Mrs. C. R. Wood, Stony Plain
Mr. W. Newbigging, Edmonton
Honourary Life Member –
Hon. E. C. Manning

Alcoholism Foundation of Alberta

1963

Officers

Mr. M. E. Stewart
President

Mr. G. L. Crawford
2nd Vice President

Mr. J. G. Cumming
Honorary Treasurer

Mr. J. S. McGuckin
1st Vice President

Mrs. C. R. Wood
Honorary Secretary

Hon. Dr. J. Donovan Ross –
Honorary Board Chairman

Board of Directors

Mr. G. T. Barr, Edmonton
Dr. R. M. Parsons, Red Deer
Magistrate R.E. Baynes, Grande Prairie
Mr. C. W. Ross, Edmonton
Mr. R. W. Burns, Calgary
Hon. Dr. J. D. Ross, Edmonton
Mr. E. W. Christian, Edmonton
Mr. G. Russell, Medicine Hat
Mr. G. L. Crawford, Calgary
Mr. S. B. Smith, Edmonton
Mr. J. B. Cross, Calgary
Mr. M. E. Stewart, Edmonton
Mr. J. G. Cumming, Calgary
Dr. S. B. Thorson, Calgary
Mr. G. Holem, Calgary
Mr. R. Walford, Ft. Saskatchewan
Mr. W. H. Johns, Edmonton
Mr. J.L. Weaver, Edmonton
Mr. S. A. Keays, Edmonton
Hon. N.A. Willmore, Edmonton
Mr. D. S. Macdonald, Edmonton
Mr. W. Winspear, Jr., Edmonton
Dr. W.C. MacKenzie, Edmonton
Mr. M. E. Wolfe, Edmonton
Mr. J. S. McGuckin, Edmonton
Mrs. C. R. Wood, Stony Plain
Mr. W. Newbigging, Edmonton
Honourary Life Member —
Hon. E. C. Manning

Alcoholism Foundation of Alberta

1964

Officers

Mr. J.S. McGuckin
President (to August, 1964)

Mr. S.A. Keays - President (August, 1964 to March 1, 1965)

Mr. E. W. Christian
Honorary Treasurer

Mr. J. G. Cumming
Vice-President

Mr. M. E. Stewart
Past President

Mr. M. E. Wolfe
Vice-President

Mrs. C. R. Wood
Honorary Secretary

Hon. Dr. J. Donovan Ross - Honorary Board Chairman

Board of Directors

Mr. G. T. Barr, Edmonton

Mr. W. Newbigging, Edmonton

Magistrate R.E. Baynes, Grande Prairie

Dr. R. M. Parsons, Red Deer

Mr. R. W. Burns, Calgary

Mr. C. W. Ross, Edmonton

Mr. E. W. Christian, Edmonton

Hon. Dr. J. D. Ross, Edmonton

Mr. G. L. Crawford, Calgary

Mr. G. Russell, Medicine Hat

Mr. J. B. Cross, Calgary

Mr. W. R. Sinclair, Edmonton

Mr. J. G. Cumming, Calgary

Mr. S. B. Smith, Edmonton

Mr. G. Holem, Calgary

Mr. M. E. Stewart, Edmonton

Mr. W. H. Johns, Edmonton

Dr. S. B. Thorson, Calgary

Mr. S. A. Keays, Edmonton

Mr. R. Walford, Ft. Saskatchewan

Mr. D. S. Macdonald, Edmonton

Mr. J.L. Weaver, Edmonton

Dr. W.C. MacKenzie, Edmonton

Hon. N.A. Willmore, Edmonton

Mr. J. S. McGuckin, Edmonton

Mr. M. E. Wolfe, Edmonton

Ms. F. Mewburn, Edmonton

Mrs. C. R. Wood, Stony Plain

Honourary Life Member –
Hon. E. C. Manning

Appendix III

PERSONNEL

The Alcoholism Foundation of Alberta

1954-1962

Alcoholism Foundation of Alberta

1954

Personnel

Name	Position	Location
Bell, Dr. David M.	Physician	Edmonton
Bellwood, Mrs. Ethel	Clerk Typist	Edmonton
Bergeron, E. A.	Counsellor	Edmonton
Bohme, A. G.	Maintenance	Edmonton
Bourchier, Mrs. Anne	Counsellor	Calgary
Brunton, Miss Grace	Educational Assistant	Edmonton
Christofferson, Miss Hanna	Counsellor	Edmonton
Christy, Mrs. Doreen	Receptionist	Edmonton
Cuthbertson, Miss Effie	Counsellor	Edmonton
Doyle, Miss Elsie	Clerk Typist	Edmonton
Fraser, Allon W.	Director of Treatment	Edmonton
Fullerton, J. G.	Secretary-Treasurer	Edmonton
Gariepy, Pierre	Counsellor	Edmonton
Hall, Miss Marian	Counsellor (Nurse)	Edmonton
Hanley, Dr. F. W.	Psychiatric Consultant	Calgary
Heath, Mrs. M. M.	Educational Assistant	Edmonton
Herrell, A. W.	Counsellor	Calgary
Hryniuk, Miss Vicki	Clerk Typist	Edmonton
Ivan, Mrs. Marian	Assistant Secretary	Edmonton
Mason, Miss Dorothy	Counsellor (Nurse)	Calgary
McGuire, Miss Catherine	Counsellor (Trainee)	Edmonton
McKinley, Miss Maud	Receptionist	Calgary
Mulloy, Dr. W. H.	Physician	Calgary
Myers, G. G.	Senior Counsellor	Calgary
Stephenson, Gordon E.	Counsellor (Trainee)	Edmonton
Stith, Miss Doreen	Secretary to the Director	Edmonton
Strachan, J. George	Executive Director	Edmonton
Tone, Mrs. Donna	Counsellor	Calgary

Alcoholism Foundation of Alberta

1955

Personnel

Name	Position	Location
Bell, Dr. David M.	Medical Director	Edmonton
Bellwood, Mrs. Ethel	Records Clerk	Edmonton
Bergeron, E. A.	Counsellor	Edmonton
Bliss, Mr. J. D. M.	Counsellor	Edmonton
Boback, Miss Maxine	Receptionist	Edmonton
Brunton, Miss Grace	Director, Educational Services	Edmonton
Bund, Mrs. Maud	Receptionist	Calgary
Carson, Dr. G. Donald	Psychiatric Consultant	Edmonton
Chapman, Miss Isobel	Secretary-Stenographer	Edmonton
Cuthbertson, Miss Effie	Counsellor	Edmonton
Fraser, Allon W.	Director of Treatment	Edmonton
Fullerton, J. G.	Secretary-Treasurer	Edmonton
Hamilton, Mr. John	Counsellor	Calgary
Hanley, Dr. F. W.	Psychiatric Consultant	Calgary
Hoggarth, Miss Mary	Registered Nurse	Edmonton
Ivan, Mrs. Marian	Secretary	Edmonton
Lewis, Mrs. H.	Counsellor	Edmonton
McGuire, Miss Catherine	Counsellor	Edmonton
Mulloy, Dr. W. H.	Physician	Calgary
Scott, Mrs. Ruth	Secretary-Stenographer	Edmonton
Soper, Mrs. E.	Registered Nurse	Calgary
Stephenson, Gordon E.	Educational Services Trainee	Edmonton
Stith, Miss Doreen	Secretary to the Director	Edmonton
Strachan, J. George	Executive Director	Edmonton
Tone, Mrs. Donna	Counsellor	Calgary
Wilby, Mr. W. E.	Research Associate	Edmonton

Alcoholism Foundation of Alberta

1956

Personnel

Name	Position	Location
Bell, Dr. David M.	Medical Director	Edmonton
Bellwood, Mrs. Ethel	Treatment Records Clerk	Edmonton
Bergeron, E. A.	Counsellor	Edmonton
Bliss, Mr. J. D. M.	Supervisor of Treatment	Edmonton
Carson, Dr. G. Donald	Psychiatric Consultant	Edmonton
Cuthbertson, Miss Effie	Counsellor	Edmonton
Edmunds, Miss Yvonne	Receptionist-Secretary	Calgary
Fraser, Allon W.	Director of Treatment	Edmonton
Fullerton, J. G.	Secretary-Treasurer	Edmonton
Hanley, Dr. F. W.	Psychiatric Consultant	Calgary
Hoggarth, Miss Mary	Registered Nurse	Calgary
Howell, Mrs. Joan	Counsellor	Edmonton
Lewis, Mrs. H.	Educational Director	Edmonton
Lockhart, Miss Cleo	Secretary-Stenographer	Edmonton
McGuire, Miss Catherine	Counsellor	Calgary
Mickelson, Miss Bryna	Receptionist-Secretary	Edmonton
Mullov, Dr. W. H.	Physician	Calgary
Pagan, Mrs. Dorothy	Nurse	Edmonton
Sims, Mrs. Lillian	Secretary	Edmonton
Smart, Hugh	Counsellor	Calgary
Stephenson, Gordon E.	Counsellor	Calgary
Stith, Miss Doreen	Secretary to the Director	Edmonton
Strachan, J. George	Executive Director	Edmonton
Wilby, Mr. W. E.	Research Associate	Edmonton

Alcoholism Foundation of Alberta

1957

Personnel

Name	Position	Location
Baldwin, Miss Thelma	Secretary	Edmonton
Bell, Dr. David M.	Medical Director	Edmonton
Bellwood, Mrs. Ethel	Treatment Records Clerk	Edmonton
Bergeron, E. A.	Counsellor	Edmonton
Bliss, Mr. J. D. M.	Supervisor of Treatment	Calgary
Carson, Dr. G. Donald	Psychiatric Consultant	Edmonton
Cuthbertson, Miss Effie	Counsellor	Edmonton
Edmunds, Miss Yvonne	Receptionist-Secretary	Calgary
Fraser, Allon W.	Director of Treatment	Edmonton
Fullerton, J. G.	Secretary-Treasurer	Edmonton
Hanley, Dr. F. W.	Psychiatric Consultant	Calgary
Howell, Mrs. Joan	Counsellor	Edmonton
Lewis, Mrs. H.	Educational Director	Edmonton
Lockhart, Miss Cleo	Secretary	Edmonton
McGuire, Miss Catherine	Counsellor	Calgary
Mickelson, Miss Bryna	Receptionist-Secretary	Edmonton
Nation, Dr. E. W.	Physician	Calgary
Pagan, Mrs. Dorothy	Nurse	Edmonton
Sasewich, Miss Victoria	Secretary	Edmonton
Sims, Mrs. Lillian	Secretary	Edmonton
Smart, Hugh	Counsellor	Calgary
Soper, Mrs. Elizabeth	Nurse	Calgary
Stephenson, Gordon E.	Counsellor	Calgary
Stith, Miss Doreen	Secretary to the Director	Edmonton
Strachan, J. George	Executive Director	Edmonton
Wilby, Mr. W. E.	Research Associate	Edmonton

Alcoholism Foundation of Alberta

1958

Personnel

Name	Position	Location
Baldwin, Miss Thelma	Editorial Assistant	Edmonton
Barnitt, Robert W.	Publications Editor	Edmonton
Bell, Dr. David M.	Associate Director, Medical Services	Edmonton
Bellwood, Mrs. Ethel	Receptionist-Stenographer	Edmonton
Bliss, Mr. J. D. M.	Supervisor of Treatment	Calgary
Carson, Dr. G. Donald	Psychiatric Consultant	Edmonton
Coffey, Mr. Timothy G.	Publications Assistant	Edmonton
Cuthbertson, Miss Effie	Counsellor	Edmonton
Fraser, Allon W.	Associate Director, Treatment Services	Edmonton
Fullerton, J. G.	Secretary-Treasurer	Edmonton
Gallaher, Mrs. Shirley	Stenographer	Calgary
Hanley, Dr. F. W.	Psychiatric Consultant	Calgary
Hartley, Miss Muriel	Stenographer	Edmonton
Horner, Mrs. Lois	Senior Clerk-Typist	Edmonton
Howell, Mrs. Joan	Counsellor	Edmonton
Joyce, Miss Audrey	Nurse	Calgary
Kehoe, Miss Theresa	Counsellor	Calgary
Lewis, Mrs. Hanna	Associate Director, Educational Services	Edmonton
McGuire, Miss Catherine	Counsellor	Calgary
Matheson, John P.	Administrative Assistant	Calgary
Mickelson, Miss Bryna	Receptionist-Secretary	Edmonton
Nation, Dr. E. W.	Physician	Calgary
Odell, Miss Lois	Nurse	Edmonton
Sims, Mrs. Lillian	Secretary	Edmonton
Smart, Hugh	Counsellor	Calgary
Stephenson, Gordon E.	Counsellor	Calgary
Stewart, Donald G.	Counsellor	Edmonto
Stith, Miss Doreen	Secretary to the Executive Director	Edmonton
Strachan, J. George	Executive Director	Edmonton
Wilby, Mr. W. E.	Research Associate	Edmonton

Alcoholism Foundation of Alberta

1959

Personnel

Name	Position	Location
Aldridge, Mrs. W.M.	Counsellor	Edmonton
Bell, Dr. David M.	Associate Director, Medical Services	Edmonton
Bellwood, Mrs. Ethel	Receptionist-Stenographer	Calgary
Bliss, Mr. J. D. M.	Supervisor of Treatment	Calgary
Carson, Dr. G. Donald	Psychiatric Consultant	Edmonton
Coffey, Mr. Timothy G.	Editor	Edmonton
Cuthbertson, Miss Effie	Counsellor	Edmonton
Dickey, Mr. C.R.	Information Officer	Edmonton
Dorris, Mr. R.T.	Counsellor	Edmonton
Fraser, Allon W.	Associate Director, Treatment Services	Edmonton
Fullerton, J. G.	Secretary-Treasurer	Edmonton
Gallaher, Mrs. Shirley	Stenographer	Calgary
Hanley, Dr. F. W.	Psychiatric Consultant	Calgary
Halloway, Miss C.J.	Stenographer	Edmonton
Horner, Mrs. Lois	Secretary to the Executive Director	Edmonton
Howell, Mrs. Joan	Counsellor	Edmonton
Jellinek, Dr. E.M.	Chief Consultant	Edmonton
Jones, Mr. R.W.	Associate Director, Research	Edmonton
Joyce, Miss Audrey	Nurse	Calgary
Lasserre, Mrs. M.	Counsellor	Calgary
McNeely, Mrs. M.J.	Stenographer	Edmonton
Matheson, John P.	Administrative Assistant	Calgary
Mickelson, Miss Bryna	Receptionist-Secretary	Edmonton
Nation, Dr. E. W.	Physician	Calgary
Odell, Miss Lois	Nurse	Edmonton
Sims, Mrs. Lillian	Secretary	Edmonton
Smart, Hugh	Counsellor	Calgary
Stannard, Mrs. I.	Stenographer	Edmonton
Stephenson, Gordon E.	Counsellor	Calgary
Stewart, Donald G.	Counsellor	Edmonton
Stobee, Miss E.	Clerk Typist	Edmonton
Strachan, J. George	Executive Director	Edmonton
Wilby, Mr. W. E.	Research Associate	Edmonton

Alcoholism Foundation of Alberta

1960

Personnel

Name	Position	Location
Bell, Dr. David M.	Medical Director	Edmonton
Bellwood, Mrs. Ethel	Receptionist-Stenographer	Calgary
Bliss, Mr. J. D. M.	Supervisor of Treatment	Calgary
Carson, Dr. G. Donald	Consulting Psychiatrist	Edmonton
Coffey, Mr. Timothy G.	Publications Editor	Edmonton
Cuthbertson, Miss Effie	Supervisor of Treatment	Edmonton
Dale, Mr. M. M.	Information Officer	Calgary
Dickey, Mr. C.R.	Information Officer	Edmonton
Downing, Mrs. D.	Nurse	Edmonton
Elliott, Dr. G.	Clinic Physician	Edmonton
Fraser, Allon W.	Associate Director, Treatment	Edmonton
Fullerton, J. G.	Secretary-Treasurer	Edmonton
Gallaher, Mrs. Shirley	Stenographer	Calgary
Hanley, Dr. F. W.	Consulting Psychiatrist	Calgary
Halloway, Miss C.J.	Stenographer	Edmonton
Hatfield, Dr. C.B.	Clinic Physician	Calgary
Hatfield, Dr. R.E.	Clinic Physician	Calgary
Hobson, Mr. G.	Counsellor	Edmonton
Holloway, Miss C.	Receptionist-Stenographer	Edmonton
Horner, Mrs. Lois	Secretary to the Executive Director	Edmonton
Howell, Mrs. Joan	Counsellor	Edmonton
Jones, Mr. R.W.	Director of Research	Edmonton
Joyce, Miss Audrey	Counsellor	Calgary
Lasserre, Mrs. M.	Counsellor	Calgary
McKay, Mr. W.	Counsellor	Edmonton
McLellan, Mr. G.	Counsellor	Edmonton
Matheson, John P.	Deputy Director	Calgary
Maxwell, Dr. M.A.	Director of Programming	Edmonton
Reimer, Miss L.	Stenographer	Edmonton
Rywak, Miss A.	Clerk Typist	Edmonton
Shupenia, Miss V.	Research Assistant	Edmonton
Sims, Mrs. Lillian	Secretary	Edmonton
Smart, Hugh	Information Officer	Calgary
Stannard, Mrs. I.	Research Secretary	Edmonton
Stephenson, Gordon E.	Counsellor	Calgary
Stewart, Donald G.	Counsellor	Edmonton
Stith, Miss D.	Administrative Secretary	Calgary
Stobee, Miss E.	Publications Assistant, Production	Edmonton
Strachan, J. George	Executive Director	Edmonton
Ward, Miss W.	Nurse	Calgary
Wilby, Mr. W. E.	Research Associate	Edmonton

Alcoholism Foundation of Alberta
1961

Personnel

Name	Position	Location
Aldridge, Mrs. Rita	Research Assistant	Edmonton
Bell, Dr. David M.	Medical Director	Edmonton
Beltz, Mrs. Marguerite	Counsellor	Calgary
Bird, Mr. G. H.	Counsellor	Calgary
Bolle, Dr. A. M.	Counsellor	Edmonton
Carson, Dr. G. Donald	Consulting Psychiatrist	Edmonton
Coffey, Mr. Timothy G.	Publications Editor	Edmonton
Cuthbertson, Miss Effie	Coordinator of Group Therapy	Edmonton
Dickey, Mr. C.R.	Information Officer	Edmonton
Downing, Mrs. Phyllis	Nurse	Edmonton
Elliott, Dr. G.	Clinic Physician	Edmonton
Fraser, Allon W.	Associate Director, Treatment	Edmonton
Frederick, Mr. R.J.	Counsellor	Edmonton
Fullerton, J. G.	Secretary-Treasurer	Edmonton
Gallaher, Mrs. Shirley	Secretary	Calgary
Hanley, Dr. F. W.	Consulting Psychiatrist	Calgary
Hatfield, Dr. C.B.	Clinic Physician	Calgary
Hatfield, Dr. R.E.	Clinic Physician	Calgary
Hobson, Mr. G. N.	Counsellor	Edmonton
Hochachka, Mrs. Verna	Research Assistant	Edmonton
Howell, Mrs. Joan	Counsellor	Edmonton
Joyce, Miss Audrey	Counsellor	Calgary
McLellan, Mr. G.E.	Supervisor of Treatment	Edmonton
Matheson, John P.	Deputy Director	Calgary
Mickelson, Miss Byrna	Receptionist-Stenographer	Edmonton
Miller, Mrs. Carolyn	Receptionist-Stenographer	Edmonton
Motyl, Mr. J.	Information Officer	Edmonton
Murdy, Mrs. Doris	Receptionist-Stenographer	Calgary
Nickel, Mr. J.P.	Counsellor	Edmonton
Proctor, Mrs. Dianne	Publications Assistant-Librarian	Edmonton
Rusnak, Mrs. Barbara	Receptionist-Stenographer	Edmonton
Rywak, Miss A.	Clerk Typist	Edmonton
Sims, Mrs. Lillian	Secretary	Edmonton
Slobodian, Mrs. Ruth	Receptionist-Stenographer	Lethbridge
Smart, Hugh	Information Officer	Lethbridge
Stannard, Mrs. I.	Secretary	Edmonton
Stephenson, Gordon E.	Supervisor of Treatment	Calgary
Stith, Miss D.	Administrative Secretary	Edmonton

Strachan, J. George	Executive Director	Edmonton
Ward, Miss W.	Nurse	Calgary
Wemp, Mr. G.A.	Information Officer	Calgary
Wiedeman, Mr. F. V.	Counsellor	Calgary
Wilby, Mr. W. E.	Research Associate	Edmonton
Worton, Mrs. Norma	Secretary to the Executive Director	Edmonton

Alcoholism Foundation of Alberta

1962

Personnel

Name	Position	Location
Bahrey, Mrs. Mary S.	Nurse	Edmonton
Beairsto, Mrs. Phyllis	Counsellor	Grande Prairie
Bell, Dr. David M.	Medical Director	Edmonton
Beltz, Mrs. Marguerite	Counsellor	Calgary
Berg, Miss Alice	Administrative Secretary	Edmonton
Bird, Mr. G. H.	Counsellor	Calgary
Chomiak, Miss Mary	Receptionist-Typist	Edmonton
Cuthbertson, Miss Effie	Supervisor of Preventive Services	Edmonton
Dick, Mr. Arthur D.	Counsellor	Edmonton
Dittman, Mrs. M. A.	Counsellor	Calgary
Downing, Mrs. Phyllis	Counsellor	Edmonto
Elliott, Dr. G.	Clinic Physician	Edmonton
Ferguson, Mrs. Norma	Counsellor	Edmonton
Fullerton, J. G.	Treasurer	Edmonton
Gallaher, Mrs. Shirley	Secretary	Calgary
Gironella, Dr. Oiiva	Counsellor	Edmonton
Guay, Mrs. Myrna	Counsellor	Edmonton
Hanley, Dr. F. W.	Consulting Psychiatrist	Calgary
Hill, Dr. Cameron	Clinic Physician	Calgary
Hobson, Mr. G. N.	Counsellor	Edmonton
Hochachka, Mrs. Verna	Research (Project Worker)	Edmonton
Howell, Mrs. Joan	Counsellor	Edmonton
Hula, Mrs. Albina	Receptionist-Typist	Edmonton
Irvine, Mrs. Joyce	Counsellor	Red Deer
Jackson, Mrs. Katherine	Publications Secretary	Edmonton
Joyce, Miss Audrey	Counsellor	Calgary
Keating, Mr. John H.	Information Officer	Edmonton
McInerney, Mrs. James	Counsellor	Edmonton
McLellan, Mr. G.E.	Clinic Supervisor, Northern Region	Edmonton
McMullen, Mr. Arthur H.	Administrative Assistant	Edmonton

Matheson, John P.	Assistant Director and Southern Regional Supervisor	Calgary
Mickelson, Miss Byrna	Receptionist-Stenographer	Edmonton
Motyl, Mr. J.	Information Officer	Edmonton
Murdy, Mrs. Doris	Receptionist-Stenographer	Calgary
Pizzuto, Mrs. Jeanne	Librarian	Edmonton
Ramsay, Mr. R. W.	Counsellor	Edmonton
Sims, Mrs. Lillian	Secretary to Preventive Services	Edmonton
Slobodian, Mrs. Ruth	Receptionist-Typist	Lethbridge
Smart, Hugh	Information Officer	Lethbridge
Stannard, Mrs. I.	Secretary to Research	Edmonton
Stephenson, Gordon E.	Clinic Supervisor, Southern Region	Calgary
Stewart, Miss Francine	Secretary to the Executive Director	Edmonton
Strachan, J. George	Provincial Executive Director	Edmonton
Ward, Miss W.	Nurse	Calgary
Wemp, Mr. G.A.	Information Officer	Calgary
Wiedeman, Mr. F. V.	Counsellor	Calgary
Wilby, Mr. W. E.	Research Associate	Edmonton